



Central NJ 07726  
Phone 201-731-8759  
www.bandhlab.com



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**Rx** Rx Date \_\_\_\_\_

Doctor Name \_\_\_\_\_

Deliver by 5:00 pm on \_\_\_\_\_

Address \_\_\_\_\_

Patient Appointment \_\_\_\_\_  
Day/Time

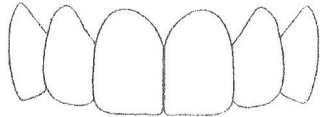
City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Patient Name \_\_\_\_\_  
Please print

**Characterization**

TEETH NUMBERS  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Crown # \_\_\_\_\_ Bridge # \_\_\_\_\_ Shade \_\_\_\_\_

<p><b>Porcelain Fused to Metal</b></p> <input type="checkbox"/> Porcelain to Non-Precious <input type="checkbox"/> Porcelain to Semi-Precious <input type="checkbox"/> Porcelain to White High Noble <input type="checkbox"/> Porcelain to Yellow High Noble <input type="checkbox"/> Captek <input type="checkbox"/> Maryland Bridge <input type="checkbox"/> Non-Precious <input type="checkbox"/> Porc. Fused to Zirconia	<p><b>Implants</b></p> <input type="checkbox"/> TI Custom Abutment & Bruxzir Crown <input type="checkbox"/> TI Custom Abutment & PFZ Crown <input type="checkbox"/> Screw retained Noble Crown <input type="checkbox"/> Screw Retained Zirconia Crown <input type="checkbox"/> TI Custom Abutment Only <input type="checkbox"/> Zirc Cust. Abutment & Zirc. Crown	<p><b>All Ceramic</b></p> <input type="checkbox"/> e.max® <input type="checkbox"/> Prep Shade _____ <input type="checkbox"/> Porc. Fused to Zirconia  <p><b>Full Contour Zirconia</b></p> <input type="checkbox"/> BruxZir® <input type="checkbox"/> BruxZir Anterior <input type="checkbox"/> Lava Esthetic 3M
<p><b>Margin Design</b></p> <input type="checkbox"/> Porcelain Butt Margin <input type="checkbox"/> Lingual Collar in Metal <input type="checkbox"/> Full Metal Band <input type="checkbox"/> No Metal Collars <input type="checkbox"/> Full Metal Lingual	<p><b>Complete to Custom Tray</b></p> <input type="checkbox"/> Valplast <input type="checkbox"/> Denture <input type="checkbox"/> Acrylic <input type="checkbox"/> Bite Rim <input type="checkbox"/> Cast Partial Framework <input type="checkbox"/> Maxillary <input type="checkbox"/> Try-in <input type="checkbox"/> Mandibular <input type="checkbox"/> Complete	<p><b>Smile Guards</b></p> <input type="checkbox"/> Hard/Hard <input type="checkbox"/> Hard/Soft <input type="checkbox"/> Opposing Indents <input type="checkbox"/> Thickness _____ mm

LAB USE

Metal Framework     Bisque Bake     Finish

**Please Send:**  
 Rx's     Airbills     Biohazard Bags  
 Mailing Labels     Boxes

Signature \_\_\_\_\_ License # \_\_\_\_\_

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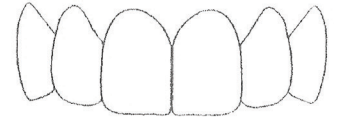
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