Rx Required Information

Doctor: _____ Lic. # _____

Address: _____

City/State/Zip: _____

Phone: _____

Dr. Signature: _____

Account#: _____

Due Date (by 5 pm): _____

Rx Date: _____ **Patient Next Appt.:** _____

Patient Name: _____ ☐ M ☐ F
First Last

PRECISION CRAFT
– A LEIXIR DENTAL LABORATORY –

37 Thurber Blvd., Bldg. B
Smithfield, RI 02917

teeth@PCraftDental.com

Send Your Cases Today!

800-828-2418

TURNAROUND TIMES

Days from when the lab receives case.

Digital	8
Fixed (analog)	14
Implant	21
Removable (per stage)	10
Orthodontic	10

IMPORTANT: Please call ahead to arrange rush cases.

Fixed Restorations

SELECT: ☐ CROWN ☐ BRIDGE ☐ VENEER

METAL-FREE

- ☐ Full / Solid Zirconia
- ☐ Esthetic Zirconia
- ☐ Layered Zirconia
- ☐ e.Max

IMPLANTS

Abutment	*Brand*	*Size*
☐ Zirconia	_____	_____
☐ Titanium	_____	_____

- ☐ Implant Crown Only
- ☐ Screw Retained
- ☐ Cement Retained

☐ COMPOSITE ☐ TEMPORARY

PORCELAIN TO METAL

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble White
- ☐ High Noble Yellow

FULL METAL CAST

- ☐ FMC Non-Precious
- ☐ FMC Semi-Precious
- ☐ FMC High Noble White
- ☐ FMC High Noble Yellow

IF INSUFFICIENT ROOM

- ☐ Trim Opposing
- ☐ Call to Discuss
- ☐ Metal Occlusal
- ☐ Reduction Coping
- ☐ Metal Island
- ☐ Trim Prep No Coping

Shipping and Handling Fee $11.50

**Fixed cases ship free with a UPS shipping label provided by the lab.*

Lifetime on all fixed products

1 year on all removable products

1 year on orthodontic appliances

PLEASE SEND

- ☐ RX Forms
- ☐ Boxes
- ☐ Mailing Labels

Rx Specific Instructions:

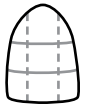
TOOTH #: _____

SHADE: _____

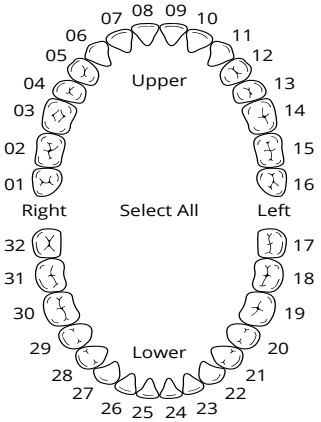
STUMP SHADE: _____

STAINING

☐ Light ☐ Heavy
☐ Medium ☐ None



☐ Diagnostic Wax-Up



REMAKE: ☐ Yes ☐ No

ORIGINAL PRODUCT ENCLOSED: ☐ Yes ☐ No

Enclosures Lab Use Only

- ☐ Photo(s)
- ☐ Analog
- ☐ Models
- ☐ Implant Parts
- ☐ Impression
- ☐ Bite
- ☐ Shade Tab
- ☐ Other

Removable

SELECT: ☐ FULL DENTURE ☐ PARTIAL

TISSUE SHADE

- ☐ Pink
- ☐ Light Pink
- ☐ Ethnic
- ☐ Blended

SELECT STAGE

- ☐ Complete (One Stage)
- ☐ Frame Try-in
- ☐ Wax Try-in w/Teeth
- ☐ Final Process

☐ UPGRAGE TO PREMIUM TEETH

CAST PARTIALS

- ☐ Cast Partial
- ☐ CP Unilateral
- ☐ Vitallium

NIGHTGUARDS

- ☐ Hard
- ☐ Soft
- ☐ Hard / Soft
- ☐ Thermoguard

NON-METAL PARTIALS

- ☐ Kameleon
- ☐ Valplast
- ☐ Flexible Partial
- ☐ Acrylic / Flipper

DENTURES

- ☐ Standard
- ☐ Premium

IMMEDIATES

- ☐ Extract All
- ☐ Extract tooth #_____

ORTHODONTIC

- ☐ Hawley Retainer
- ☐ Space Maintainer
- ☐ Other _____

REPAIRS/RELINES

- ☐ Reline Hard / Soft
- ☐ Rebase
- ☐ Add Tooth
- ☐ Clasp
- ☐ Fracture

REMOVABLE EXTRAS

- ☐ Cast Clasp
- ☐ Esthetic Clasp
- ☐ Bite Block / Base Plate
- ☐ Wire Reinforcement
- ☐ Bleaching Tray
- ☐ Custom Tray
- ☐ Fit to Crown / Appliance
- ☐ Pt Identification
- ☐ Other _____