NATURAL ESTHETICS, INC.

Crown & Bridge Dental Laboratory • Est. 1984

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LABORATORY PROCEDURE PRESCRIPTION

Per FS 466.021 & FAC 64B5-17.006

FL Dental Lab Reg. #: DL 1790

PRESCRIBING DENTIST & PATIENT (REQUIRED PER FAC 64B5-17.006)

Dentist Name (FL Licensed)

FL Dental License #

Date Sent

Practice / Office Name

Office Phone

Email

Practice Address (Street, City, State, ZIP)

Patient Name OR Patient ID #

Age

Shade / Stump Shade

RESTORATION TYPE

- ☐ Full-Contour Zirconia
- ☐ e.max / Lithium Disilicate
- ☐ PMMA Temporary
- ☐ Full Cast Crown
- ☐ Custom Abutment
- ☐ Digital Diagnostic Wax-Up
- ☐ All-on-X (Photogrammetry)
- ☐ Print Models
- ☐ Other (describe below)

WORK TO BE PERFORMED — DESCRIBE EACH PIECE; IF RESTORATION = OTHER, DESCRIBE HERE

Tooth # / Teeth (Universal Numbering 1–32)

Pontic Design

Detailed Description / Instructions

MATERIALS (FAC 64B5-17.006)

- ☐ Zirconia
- ☐ Lithium Disilicate
- ☐ High Noble
- ☐ Semi-Precious
- ☐ Non-Precious
- ☐ PMMA
- ☐ Titanium
- ☐ Other (describe →)

If "Other" material — describe / specify brand / manufacturer

ENCLOSURES & RETURN

- ☐ Impressions
- ☐ Digital Scan
- ☐ Bite Registration
- ☐ Study Models
- ☐ Photos
- ☐ Opposing Model
- ☐ Temporary Crown
- ☐ Previous Restoration
- ☐ Other

Requested Return / Seat Date

Patient Appt. Date

Case #

DENTIST AUTHORIZATION (REQUIRED SIGNATURE — FAC 64B5-17.006)

Dentist Signature (electronic signature acceptable)

Signature Date