

Doctor Name: _____

Rx Date: _____

Email: support@arklign.com

Practice Name/ID: _____

Tel: (800) 361-1659

Website: www.arklign.com

Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Patient **FIRST** Name: _____
(please print)

DUE Date (2 weeks): _____

Patient **LAST** Name: _____
(please print)

[Please reference scheduling calendar for due dates. Please call for Rush Service. Additional in-lab days required for cases with multiple stages, 4 or more units, and/or implant abutments.]

Patient Gender: _____ Age: _____

This is a:

New Case **Supplemental Rx**

Remake/Repair

Old reference number(s): _____

Old unit enclosed: Yes No

No. of unit(s) enclosed: _____

PFM Restoration:

- PFM - Yellow High Noble
- PFM - White High Noble
- PFM - Semi-Precious
- PFM - Non-Precious [default]

Occlusal Contact:

- In Occlusion Out 0.5mm
- Light 0.3mm [default]

Interproximal Contact:

- Heavy Light
- Medium [default]

Gingival Embrasure:

- Natural Open
- Closed [default]

Gingival Stain:

- Heavy Light
- Medium None [default]

Occlusal Stain:

- Heavy Light
- Medium None [default]

Implant Abutments:

Implant System: _____

Type of Crown:

- Screw Retained Cement Retained
- 1pc 2pc [default]

CAD/CAM Abutment:

- Custom Titanium Abutment [default]
- Custom Titanium Abutment w/ Gold Hue
- Custom Hybrid (Ti/Zir) Abutment

Stock Abutment

Abutment Margin Depth (Subgingivally):

- Mesial _____ mm [default 0.5mm]
- Distal _____ mm [default 0.5mm]
- Lingual _____ mm [default 0.3mm]
- Facial/Buccal _____ mm [default 1mm]

Abutment Emergence Profile:

- Heavy Tissue Displacement
- Slight Tissue Displacement [default]
- No Tissue Displacement

Zirconia Restoration:

- Porcelain Layered Zirconia
- Translucent Full Solid Zirconia
- Standard Full Solid Zirconia
- Full Zirconia with facial cut-back

All Ceramic Restoration:

- Emax Crown/Bridge
- Emax Veneer
- Emax Inlay
- Emax Onlay

Full Metal Restoration:

- FMC - Yellow High Noble
- FMC - White High Noble
- FMC - White Semi-Precious
- FMC - Yellow Semi-Precious
- FMC - Non-Precious [default]

Pontic Design:



PFM Anterior Metal Design:

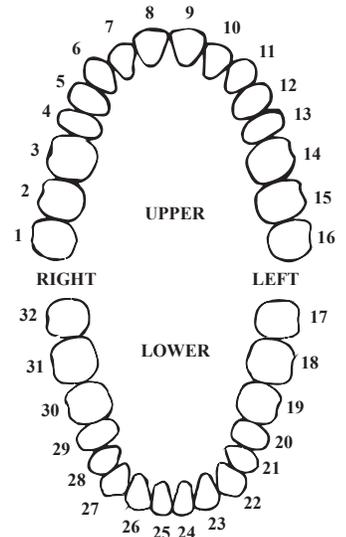


PFM Posterior Metal Design:



PFM Porcelain Margin:

- Buccal Only All Around



Tooth #'s: _____

Singles [default] Splinted/Bridged



SHADE: _____ Stump Shade: _____

Your fabrication instruction:

[Include Remake/Repair reason(s) here]

Give us your feedback:

LAB USE ONLY

- Impression _____
- Stone Model _____
- Bite Registration _____
- Shade Tab/Guide _____
- Articulator _____
- Other: _____
- Photo _____
- Analog _____
- Abutment _____
- Impression Coping _____
- Screw _____

Dentist Signature: _____ Dentist License No: _____

The dentist and/or the dental practice signing or sending this prescription, or a substitute thereof, agrees to all terms, conditions, warranty, and policies of Arklig Laboratories and accepts responsibility for payment of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees.