Renew Dental Lab
DxDental Lab Services
501 W Campbell Rd Ste. 200
Richardson, TX 75080
(214) 773-4464
www.renewdds.com

Dental Lab Prescription

RENEW DENTAL LAB

Patient Name: _____ Date: _____

Practice Name: _____

Doctor Name: _____

Contact / Phone Number: _____

DUE DATE

_____

LAB USE ONLY

Rush ☐ Yes ☐ No

Case Type ☐ New ☐ Adjust ☐ Remake

Delivery ☐ Pickup ☐ Ship

Intake Checklist:

☐ Impression ☐ Photos
☐ Bite ☐ Opposing
☐ Shade ☐ Implant Parts
☐ Digital Scan

Case ID:

FULL ZIRCONIA - FIXED

☐ Crown ☐ Bridge

Tooth/Teeth: _____ # of Units: _____

☐ Monolithic Zirconia ☐ Layered Zirconia

☐ Multilayer Esthetic

Shade: _____ Stump Shade: _____

Margin: ☐ Chamfer ☐ Shoulder ☐ Feather

Contacts: ☐ Light ☐ Normal ☐ Tight

Occlusion: ☐ Light ☐ Normal ☐ Heavy

Spacer: ☐ Standard ☐ Tight ☐ Passive ☐ Other:____µ

IMPLANT/CUSTOM ABUTMENT

☐ Implant Crown ☐ Custom Abutment

Implant Brand: _____

Platform Size: _____ Implant Size(Ø/L): _____

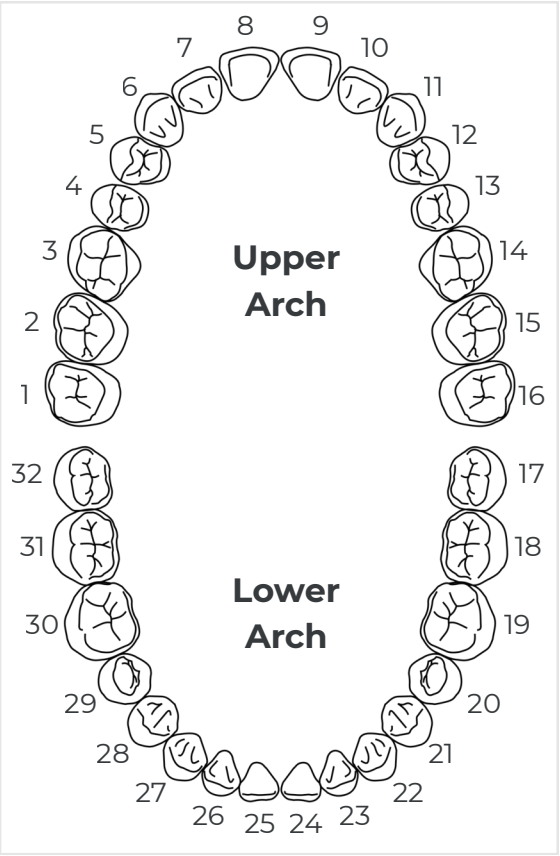
Connection Type: _____

Retention: ☐ Screw-Retained ☐ Cemented

Ti Base: ☐ Yes ☐ No ☐ Not Sure

Tissue Depth/Emergence: _____

Screw Access: ☐ Occlusal ☐ Lingual ☐ Facial OK



Circle teeth to be treated

OCCLUSAL / NIGHT GUARD

Arch: ☐ Maxillary ☐ Mandibular ☐ Both

Type: ☐ Hard ☐ Soft ☐ Dual Laminate ☐ Essix ☐ NTI

Indication: ☐ Bruxism ☐ Clenching ☐ TMD ☐ Post-Ortho

Design: ☐ Full Coverage ☐ Flat Plane ☐ Cuspid Rise ☐ Anterior Guidance ☐ Scalloped

Thickness: ☐ 2mm ☐ 3mm ☐ Custom: _____

NOTES / SPECIAL INSTRUCTIONS

Scan for Digital Case Submission

Upload STL/Photos/RX

Dentist Signature: _____ License: _____ Date: _____