PREMIER ALLONX
DENTAL LABORATORIES

RX DATE: _____

DUE DATE: _____

(530) 350 - 8360

PREMIERAOXLAB@STAR.DENTAL

DR. _____ Practice name & Number _____

PT: _____ Age: _____ Gender: _____

Personality:

Masculine Personalities		Feminine Personalities	
Moderately Masculine	☐	Delicate Feminine	☐
Medium Masculine	☐	Medium Feminine	☐
Rugged Masculine	☐	Active Feminine	☐

Aesthetics:

Alameter _____

Papillameter _____

Shade _____

☐ Lower
☐ Upper
☐ Upper & Lower

Check all that apply:

☐ Complete Denture	☐ Try in	☐ Final	☐ Stay plate	☐ Photograph sent
☐ Partial Denture	☐ Try in	☐ Final	☐ Surgical Guide	
☐ Immediate full Denture	☐ Try in	☐ Final	☐ PMMA All On X Full Arch	
☐ Immediate partial	☐ Try in	☐ Final	☐ Monolithic Zirconia All On X Full Arch	
☐ Snap On Denture	☐ Try in	☐ Final	☐ Abutment supported zirconia crown	
☐ Wax Bite Rims			☐ Abutment supported zirconia bridge	
☐ Custom tray				

Rx Specific Instructions:

Dr Signature: _____

Case turnaround time is based on the date Rx is received by Premier All On X dental Lab. Please allow posted turnaround time in business days (M-F) from the Rx date.

Some exceptions can be made if indicated with enough notice.