

FIXED Prescription Form



www.apexdentallabne.com • (P) 402.614.6751 • (T) 866.614.6751

ALL FIELDS MARKED IN RED ARE REQUIRED
Incomplete forms will automatically be put on hold

Doctor _____

Office Location _____

Patient Name _____

Email _____ Age _____

Telephone _____ Gender _____

Date Sent _____

Photos emailed to photos@apexdentallabne.com

1. Select One Type of Delivery:

<input type="checkbox"/> DELIVER CASE BEFORE PATIENT APPOINTMENT Date of Patient Appt. ____/____/____ Time of Patient Appt. ____:____	<input type="checkbox"/> FOLLOW IN-LAB SCHEDULE (Patient will be appointed after receiving case).
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


2. Check Box To Pick Your Product

ALL-CERAMIC	PORCELAIN-FUSED-TO-METAL	MISCELLANEOUS
<input type="checkbox"/> Crystal Zirconia Anterior - (Full Contour) <input type="checkbox"/> Crystal Elite Zirconia - (Full Contour) <input type="checkbox"/> w/Cutback and Layer <input type="checkbox"/> *E.max Full-Contour <input type="checkbox"/> w/Cutback and Layer <input type="checkbox"/> *E.max Veneer	<input type="checkbox"/> Base Metal White <input type="checkbox"/> Noble White <input type="checkbox"/> High-Noble White <input type="checkbox"/> High-Noble Yellow	<input type="checkbox"/> Diagnostic Wax-Up <input type="checkbox"/> Temporary Crown/Bridge <input type="checkbox"/> Other _____
SCREW-RETAINED	FULL CAST CROWN	IMPLANT ABUTMENT
<input type="checkbox"/> e.max Screw-Retained <input type="checkbox"/> NobelProcera® ASC <input type="checkbox"/> Crystal Elite FCZ <input type="checkbox"/> w/Cutback and Layer <input type="checkbox"/> PFM Screw-Retained: <input type="checkbox"/> Non-Precious <input type="checkbox"/> Noble	<input type="checkbox"/> Base Metal Yellow <input type="checkbox"/> Noble White <input type="checkbox"/> Noble Yellow <input type="checkbox"/> High-Noble Yellow	<input type="checkbox"/> Stock <input type="checkbox"/> Custom Milled Zirconia <input type="checkbox"/> Custom Milled Titanium <input type="checkbox"/> Custom Cast Abutment <input type="checkbox"/> Brand Pref. _____

3. Customize Your Product

Shade: _____	Stump Shade: _____	Tooth Number: _____
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4. Design Your Product (Optional):

COLOR MAPPING  	COLOR MAPPING Incisal Translucency <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None Cervical Warming <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None Surface Texture <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None Occlusal Stain <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None Degree of Hypocalcification <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None Mamelons <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None
PONTIC DESIGN 	

Additional Instructions (Use back if needed) _____

Doctor Signature _____ License # _____

Terms: Invoices are due in full net 30 days from invoice date. If not paid in 30 days, account is subject to 1.5% finance charge per month of unpaid balance (approximately 18% annual percentage rate). If not paid within 60 days, attorney fees, cost of collection and continuing interest shall be added.

Buy 30 Crowns Get 20! Send in your first promo Rx form to be enrolled. A promo Rx form must be used for every case in order for crowns to count towards total. *This offer is valid for new customers only. Applicable only on anterior and posterior full-contour zirconia, single-unit crowns. Cannot be combined with other offers. No cash value. Expires December 31st, 2022.*