



Fuji Dental Lab

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email: fuji@fujidentallab.com

Practice Name _____ Rx Date _____

Dr. Name _____

Address _____

City _____ State _____

Patient _____ / _____
LAST FIRST

(800) 624-9412 DUE DATE _____ / _____ / _____

Please Send:

RX Forms Boxes Mailing Label

ENCLOSURES

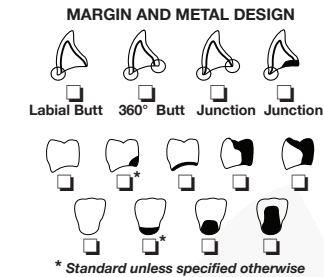
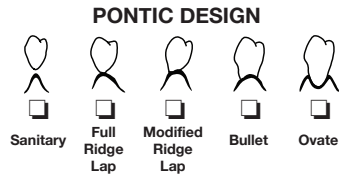
(LAB USE ONLY)

Prep Partial Photo(s)
 Opposing Bite Crown
 Impression Shade Tab Other
 Study Model Articulator

Crown and Bridge

All Ceramic

- IPS e.max - Posterior Pressed
- IPS e.max - Anterior
- IPS e.max Veneer



Zirconia Restorations

- Fuji Bruxer Crown
- Porcelain to Zirconia
- Multilayer Zirconia

Fuji's Aesthetic Team



Cases crafted by our elite team of Ceramists.
(recommended for anterior cases)

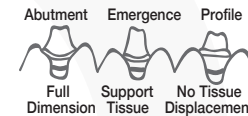
Implants

Custom Implant Abutments

- Titanium
- Zirconia
- Gold Hue
- Prepare Existing Abutment

Indicate Implant System _____

Platform _____



Removables

Full Denture

- Standard
- Premium
- Immediate
- Custom Tray
- Occlusal Rim
- Wax Try-in
- Finish
- Reset

Other

- Denture ID
- Denture Repair
- Reline Hard
- Reline Soft

Partial Denture

- Valplast (10 Days)
- Cast Metal Frame (10 Days)
- Acrylic Partial (Luc.199)
- Ultra Flex
- Other (specify below)

Night Guards / Other

- Hard w/ Soft Liner
- Hard Acrylic
- Thermoguard
- Athletic Mouth Guard
- Soft Bleach Tray
- Essix Retainer

Porcelain Fused to Metal

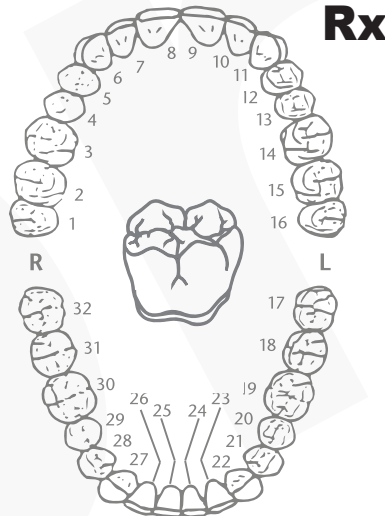
- Non-Precious
- Noble White
- High Noble White
- High Noble Yellow
 - Metal Occlusal
 - Metal Lingual

Full Cast

- FCC 56% High Noble Yellow
- FCC 40% Noble Yellow
- FCC Noble White
- FCC 2% Noble Yellow
- FCC Non-Precious

Temporary

- Temp
- Temp Wire Reinforced
- Diagnostic Wax-Up



OCCLUSAL STAINING

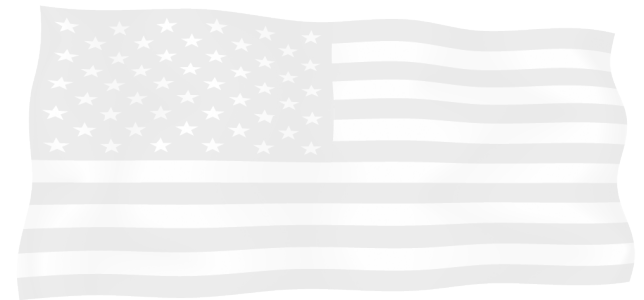
None Light* Medium Dark

Shade _____ Stump Shade _____ Age _____ Sex: M / F



IF NO OCCLUSAL CLEARANCE

- Call doctor Spot opposing
- Metal occlusion Metal island
- Add to permanent notes



MADE IN USA

Signature: _____

License# _____