



# Fuji Dental Lab

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Practice Name \_\_\_\_\_ Rx Date \_\_\_\_\_

Dr. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Patient \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST

**(800) 624-9412**

DUE DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please Send:  
 RX Forms  Boxes  Mailing Label

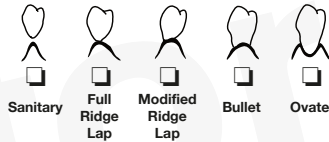
**ENCLOSURES**  
(LAB USE ONLY)  
Prep \_\_\_\_\_ Partial \_\_\_\_\_ Photo(s) \_\_\_\_\_  
Opposing \_\_\_\_\_ Bite \_\_\_\_\_ Crown \_\_\_\_\_  
Impression \_\_\_\_\_ Shade Tab \_\_\_\_\_ Other \_\_\_\_\_  
Study Model \_\_\_\_\_ Articulator \_\_\_\_\_

## Crown and Bridge

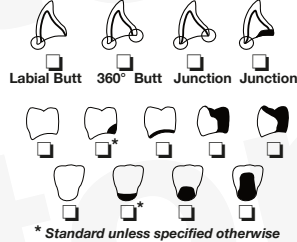
### All Ceramic

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

### PONTIC DESIGN



### MARGIN AND METAL DESIGN



## 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)

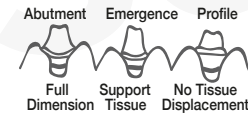
## Implants

### 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)
- 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

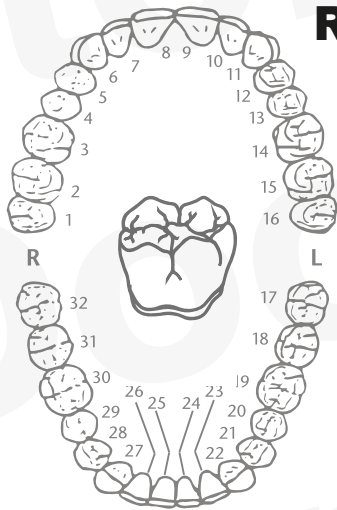
- Non-Precious
- Noble White
- High Noble White
- High Noble Yellow
  - Metal Occlusal
  - Metal Lingual

### 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



Rx

## 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

Signature: \_\_\_\_\_

License# \_\_\_\_\_