



# Rx

**Artistic Dental Ceramics, Inc.**  
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Doctor \_\_\_\_\_

Address \_\_\_\_\_

Patient's Name \_\_\_\_\_

Male  Female

Prep Date \_\_\_\_\_

Finish Date \_\_\_\_\_

### RESTORATION

- Porcelain To Metal
- All Ceramic
- Zirconia / Layered Porcelain
- Bruxzir
- e.Max
- Full Cast Crown

### ALLOY

- High Noble Yellow
- High Noble White
- Noble (semi)
- Base

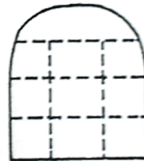
### MISCELLANEOUS

- Porcelain Margin 180
- Porcelain Margin 360
- Metal Cervical
- Metal Lingual
- Metal Occlusion
- Post & Core
- Bleach Tray



A.      B.      C.      D.

### SHADE



Incisal

### SHADE



Incisal

# Rx

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Doctor Signature \_\_\_\_\_

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