ARTYCAD
DENTAL LABORATORY

CASE #

UNIVERSAL RX

1677 McDonald Ave • Brooklyn, NY 11230 (347) 893-8056 • office@artycad.com • www.artycad.com

Doctor Name _____ Rx Date _____

Practice Name _____ Address _____

Email _____ Phone _____ ☐ Call me

Patient ID / Name _____ **Due Date / Delivery On** _____ ☐ Rush Case

Enclosures: ☐ Impressions ☐ Photos ☐ Models ☐ Bite ☐ Other: _____

TYPE OF RESTORATION
- ☐ E.max
- ☐ Zirconia
- ☐ Inlay / Onlay
- ☐ Implant
- ☐ All Porcelain

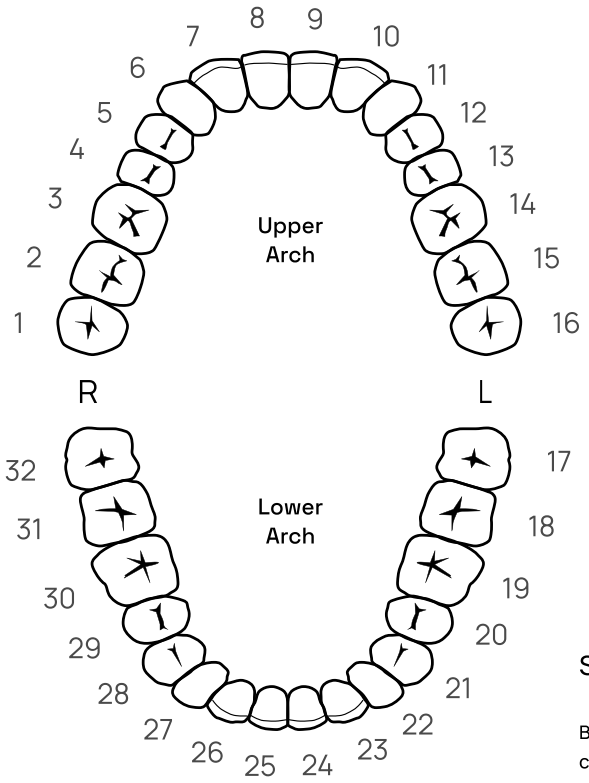
SURFACE TEXTURE
- ☐ Smooth
- ☐ Moderate
- ☐ Heavy

OCCLUSAL STAIN
- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Dark

INCISAL TRANSLUCENCY
- ☐ Min. 0.5mm
- ☐ Mod. 1.0mm
- ☐ Max. 1.5mm

SHADE

DO YOU NEED?
- ☐ Rx
- ☐ Bags
- ☐ Boxes
- ☐ Shipping Labels



℞

Signature _____ License # _____

By signing or submitting this Rx, the customer accepts full responsibility for all charges related to this case. Any balance unpaid after 30 days may be subject to a finance charge of 1.5% per month. The customer is responsible for all reasonable collection costs, including attorney's fees, to the fullest extent permitted by law.