



FIXED Rx

Date Sent _____

Finish Date _____

Do not schedule patient on Finish Date
Turnaround times are subject to workflow.

Doctor _____ Tel. # _____

Address _____

Patient Name _____ Pan # _____

IC Elite Case (Our high end product line) **EMAX**
ZIRCONIA (Stump Shade Required) _____

- Full Contour Zirconia
- Porcelain fused to Zirconia

PFM

- FULL GOLD CROWN**
- Yellow Gold White Gold

TEMPORARY RESTORATIONS

- Temporary Crown
- Diagnostic Wax Up

- EMAX Layered Anterior
- EMAX Full Contour Posterior
- EMAX Full Contour Anterior

IMPLANT RESTORATIONS

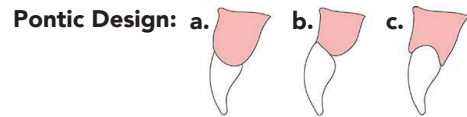
- Screw Retained Cement Retained
- Verification Jig (required for screw retained)

CUSTOM ABUTMENTS

- Zirconia Abutment
- Titanium Gold Hue Abutment

Implant Manufacturer: _____ **Shade:** _____

Implant Size: _____ **Tooth #:** _____



Call Doctor Regarding Case

Labels RX Sheets Boxes Bags

Doctor's Signature _____

License # _____

CRAFTSMANSHIP | TECHNOLOGY
RELATIONSHIPS

Interchrome Dental Lab | www.interchromedental.com
2117 Smith Avenue, Suite A, Chesapeake, VA, 23320 | 757.271.5811



REMOVABLE Rx

Date Sent _____

Finish Date _____

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Doctor _____ Tel. # _____

Address _____

Patient Name _____ Pan # _____

DENTURES

- Full Denture Set-Up
- Full Denture Completion
- Full Denture Reset
- Immediate Denture Completion
- Duplicate Denture

DENTURE EXTRAS (5 Days)

- Reline
- Custom Tray
- Bite Registration

APPLIANCES

- Night Guard
- Essex Retainer
- Surgical Guide

PARTIALS

- 1/4 Arch Set-Up
- 1/4 Arch Completion
- Flipper

CAST PARTIAL FRAMES

- Cast Partial Frame

IMPLANT DENTURES

- Bar Retained Over Denture
- Screw Retained Hybrid
- Locator
- Conus

Shade: _____