



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

(Stump Shade Required) _____

ZIRCONIA

- 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 all bridges)

CUSTOM ABUTMENTS

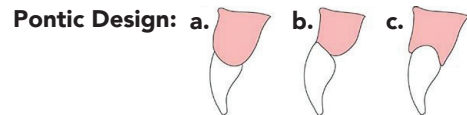
- Zirconia Abutment
- Titanium Gold Hue Abutment

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

01/15/24



REMOVABLE Rx

Date Sent _____

Finish Date _____

Do not schedule patient on 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: _____