



NobelProcera™ prescription

Please print

Patient ID: _____

Doctor's name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Restoration type

- IPS e.max CAD by NobelProcera™ single units**
Tooth number(s) to be restored: _____ Monolithic _____ Layered
- Telio® CAD by NobelProcera™ crowns and bridges (provisional)**
Tooth number(s) to be restored: _____ units (1 to 6)
- NobelProcera™ zirconia crowns and bridges**
Tooth number(s) to be restored: _____ units (1 to 8)
- NobelProcera™ alumina crowns and bridges**
Tooth number(s) to be restored: _____ units (1 to 4)
- NobelProcera™ CoCr crowns and bridges**
Tooth number(s) to be restored: _____ units (1 to 6)
- NobelProcera™ titanium crowns and bridges**
Tooth number(s) to be restored: _____ units (1 to 14)
- NobelProcera™ individualized (custom) abutments**
Tooth number(s) to be restored: _____ Implant platform: _____
Manufacturer: _____
 Titanium Zirconia (select shade):
 White Light Medium Intense
- NobelProcera™ Implant Bridge**
Tooth numbers to be restored: _____
 Titanium Zirconia (select shade):
 White Light Medium Intense

Shade, shade mapping, and pontic design

Shade (please specify) _____

Occlusal stain (check one) None Light Medium Heavy

Ridge lap (check one)

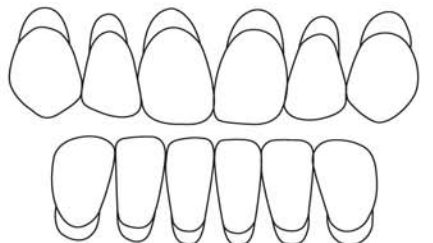
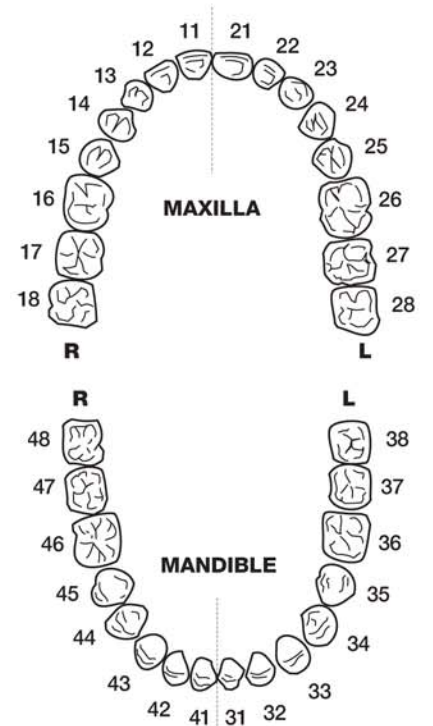
<input type="checkbox"/> Sanitary	<input type="checkbox"/> Full ridge	<input type="checkbox"/> Modified	<input type="checkbox"/> Bullet	<input type="checkbox"/> Ovate pontic

Doctor's signature _____ License # _____

Deliver case by:
Date _____
Please call our lab to establish the delivery date before scheduling your patient.

Have the impressions been disinfected?
 Yes No

Rx Specific instructions
Attach additional instructions if necessary.



Please indicate distribution of hues.

Please call me to discuss the case.
Phone _____