



BRIDGE THE GAP DENTAL LAB

570 Delzan Place, Suite 30
Lexington, KY 40503
859-309-1575
#L-438

Doctor's Name: _____

Patient's Name: _____

Office Name: _____

Today's Date: _____ Seat Date: _____ Seat Time: _____

CROWN: *(Please Check One)*

- Full Contour Zirconia
- Translucent Zirconia
- Porcelain Layered to Zirconia
- PFM
- Temporary Crown
- EMAX
- Full Contour Gold

ABUTMENTS:

Step 1: Implant Type: _____ Implant Size: _____

- Step 2:** Custom Abutment ti base
- Step 3:** Authentic Parts 3rd Party Parts
- Step 4:** Screwmentable Cementable
- Step 5:** Titanium Titanium w/opaque Zirconia Abutment

SHADE:

- Like Tab
- Less Trans than Tab
- More Trans than Tab

Signature: _____ License # _____

*By signing this prescription, I acknowledge all above information is accurate.
I also agree to pay Bridge the Gap Dental Lab for all products and services by the 20th of the following month.*