



2526 Qume Dr., Ste. 15  
 San Jose, CA 95131  
 Tel: (800) 361-1659, Fax: (408) 273-6696  
 Email: support@arklign.com  
 www.arklign.com

ORDER DATE: \_\_\_\_\_

LAB201804

YOUR DUE DATE: \_\_\_\_\_

**FOR LAB CUSTOMERS ONLY**

Lab Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Zirconia Restoration:**

- Direct Finish\*  Coping Only  Apply Porcelain
- Layered Zirconia\*
- Full Solid Zirconia (For Bruxism)

**Porcelain Fused to Metal:**

- Direct Finish\*  Coping Only  Apply Porcelain
- Precious Yellow
- Precious White
- Semi-Precious
- Non-Precious\*
- Standard NP\*  Nickel Free NP

**All Ceramic Restoration:**

- Emax-C&B - Layered (\*Anterior Standard)
- Emax-C&B - Full Contour (\*Posterior Standard)
- Emax-Inlay
- Emax-Onlay
- Emax-Veneer

**Full Cast Crown/Bridge:**

- Precious Yellow
- Precious White
- Semi-Precious
- Non-Precious\*

**Implant Abutments:**

Implant System: \_\_\_\_\_

Final Restoration Type:

- Cement Retained  Screw Retained

CAD/CAM Custom Abutment:

- Custom Titanium Abutment
- Custom Hybrid (Ti/Zir) Abutment
- UCLA Custom Abutment
- Stock Abutment

Abutment Margin Depth (Subgingivally):

Mesial \_\_\_\_\_ mm [default 1.3mm]

Distal \_\_\_\_\_ mm [default 1.0mm]

Lingual \_\_\_\_\_ mm [default 0.0mm]

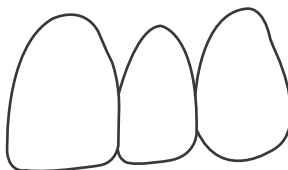
Facial \_\_\_\_\_ mm [default 1.5mm]

**Occlusal Staining:**

- Dark  Medium
- Light  None\*

**Gingival Staining:**

- Dark  Medium
- Light  None\*

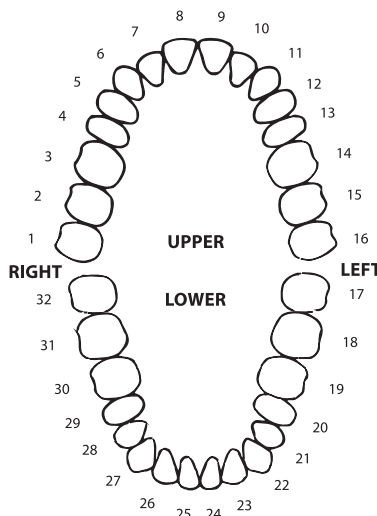


SHADE: \_\_\_\_\_

Stump Shade: \_\_\_\_\_

Tooth #'s: \_\_\_\_\_

- Singles\*  Splinted/Bridged



**Porcelain Margin Design:**

- Facial Only  All Around

**Occlusal Contact:**

- Full Contact  Light Contact
- No Contact\*

**Interproximal Contact:**

- Heavy  Medium\*
- Light

**Gingival Embrasure:**

- Natural  Closed\*
- Open

**Metal Design:**



**Pontic Design:**



**FIXED RESTORATION PRESCRIPTION**

This is a:  New CASE  REDO  REPAIR  
 Old unit enclosed for redo/repair:  Yes  No  
 Old case number for redo/repair: \_\_\_\_\_

**If No Occlusal Clearance:**

- Relieve opposing\*
- Metal Occlusal/Lingual
- Call Contact Person
- Reduce prep w/ reduction coping
- Reduce prep w/o reduction coping

**Internal Use Only:**

- | Enclosure:                                 | Qty:  |
|--|-------|
| <input type="checkbox"/> Impression        | _____ |
| <input type="checkbox"/> Stone Model       | _____ |
| <input type="checkbox"/> Bite Registration | _____ |
| <input type="checkbox"/> Shade Tab/Guide   | _____ |
| <input type="checkbox"/> Articulator       | _____ |
| <input type="checkbox"/> Photo             | _____ |
| <input type="checkbox"/> Note/Other:       | _____ |

**Implant Enclosure:**

- Analog \_\_\_\_\_
- Abutment \_\_\_\_\_
- Impression Coping \_\_\_\_\_
- Soft Tissue \_\_\_\_\_
- Screw \_\_\_\_\_
- Waxing Sleeve \_\_\_\_\_
- Note/Other: \_\_\_\_\_

Indicate Implant System: \_\_\_\_\_

**\*Standard unless specified otherwise**

PLACE  
 BARCODE  
 HERE

Patient Name: \_\_\_\_\_

Authorized Signature for Work: \_\_\_\_\_ Date: \_\_\_\_\_

(By signing or sending the prescription form, or a substitute thereof, client agrees to all terms and conditions of Arklign Laboratories)