

Crown & Bridge + Implants Rx

Laboratory Prescription

R700.3 - 09.2025

Required Information

Doctor Name _____

Practice Name _____

Doctor Signature _____
Signature required before case can be placed into production.

Email _____

License Number _____

Patient Name _____

Address _____

☐ M ☐ F DOB _____

City _____ State _____ ZIP _____

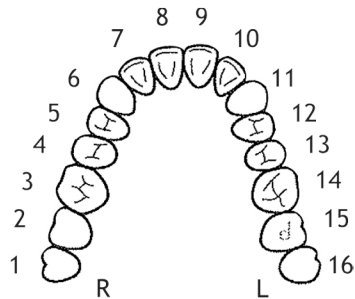
Phone _____

Date Sent _____ Date Due _____ Pt Appt Time _____

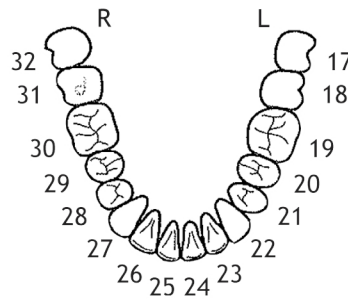
Case turnaround times are based on the date the Rx is received by Johns Dental Lab.

Case Instructions

Upper



Lower



Case Instructions

Implant

Type _____

Diameter _____

Included

- ☐ Lab analog
- ☐ Impression coping
- ☐ Abutment
- ☐ Others _____

- ☐ Genuine Abutment or ☐ Custom Abutment (Default)
- ☐ Titanium Abutment (Default) ☐ Zirconia Abutment
- ☐ Cement Retained (Default) ☐ Screw Retained - Continue Regardless of Access Hole Position
- ☐ Screw Retained - Change to Cement Retained if not Possible

Other

- ☐ Diagnostic wax-up
- ☐ Post & Core
- ☐ Maryland Bridge

PFM

- ☐ Noble (Default)
- ☐ White High Noble
- ☐ Yellow High Noble



Zirconia / All Ceramic / PMMA

- ☐ Zirconia Full (Default)
- ☐ MiYo (High Esthetics)
- ☐ Emax
- ☐ PMMA (Temporaries)
- ☐ Zirconia Layered



Full Cast

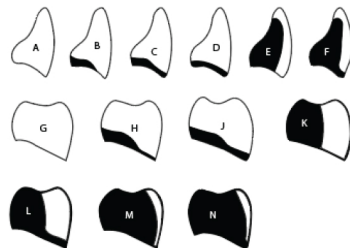
- ☐ Full Cast Yellow Noble (Default)
- ☐ Full Cast Yellow High Noble Gold
- ☐ Full Cast White Noble
- ☐ Full Cast White High Noble

Models Sent

- ☐ Digital Scans ☐ Stone / Impressions

Send files to motion@johnsdental.com

Metal Design Chart



Default materials will be used if not specified in Rx with case.

Special Instructions

