

1601 S Sunkist St, Ste E, Anaheim, CA 92806 • Call & Text 714.900.3217
 www.noirdental.com • @noirdental • office@noirdental.com

LAB USE ONLY

DR. _____ Office _____

Patient _____ First Name _____ Last Name _____ Age _____ M • F

Rx Date _____ / _____ / **2025** Due Date _____ / _____ / **2025**

Zirconia • All Ceramic

Zirconia Layered (PFZ)

Layered Full Crown

Full Zirconia (FZC)

Full Zirconia Crown

Inlay • Onlay • Veneer

Provisional

Diagnostic Wax-Up

Implant

Analog

Custom Abutment

Implant Type

Cementable

Screw Retained

Implant System Info

IPS e.max®

IPS e.max®

Full Crown

Inlay • Onlay

Veneer

IPS e.max® Layered

Layered Full Crown

BioTemps (PMMA)

Titanium Abutment

Hybrid Abutment

[Zirconia Shade Info](#)

Cementing Options

YES • NO

Porcelain Fused Metal

Non - Precious

Semi - Precious

Yellow gold

White gold

Full Cast Metal

Full Non - Precious

Full Semi - Precious

Full Yellow gold

Full White gold

Shade _____ Stump Shade _____

Pontic Design

Implant Size _____ mm

CONTACT

T M L V.L

OCC. BITE

T M L V.L

If Insufficient room

Adjust Opposing

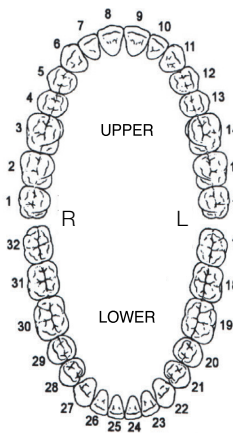
Reduction Coping

Metal Occlusal

Reduce Die

Rx SPECIFIC INSTRUCTION

Tooth # _____



Dentist signature _____ Dentist license No. _____

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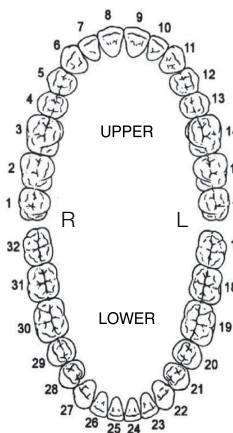
Shade _____ Stump Shade _____

Pontic Design

Implant Size _____ mm

Rx SPECIFIC INSTRUCTION

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Dentist signature _____ Dentist license No. _____

CUSTOMER MUST SIGN BEFORE SENDING THIS RX FORM OR A SUBSTITUTE THEREOF, TO RELIABLE NOIR DENTAL LAB AND IN DOING SO AGREE TO ABIDE BY TERMS AND POLICIES. PLEASE VISIT WWW.NOIRDENTAL.COM FOR THE MOST UPDATED VERSION. FULL PAYMENT IS DUE UPON RECEIPT OF STATEMENT. THERE WILL BE 2.5% PER MONTH SERVICE CHARGE FOR ANY PAYMENT OR PORTION THEREOF NOT RECEIVED WITHIN THE SAID 30-DAYS UNLESS PATIENT IS RECEIVED IN FULL. CUSTOMER WILL BE RESPONSIBLE FOR ANY COSTS RELATED TO THE RECOVERY OF BALANCES OWED IN CASE OF COLLECTION TO INCLUDE LEGAL FEES. IF YOU HAVE ANY QUESTION ABOUT TERMS AND CONDITION, PLEASE CALL TO OUR LAB 714-900-3217 OR EMAIL TO OFFICE@NOIRDENTAL.COM. THANKS FOR YOUR BUSINESS.

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