

NOIR YOUR NO.1 DENTAL LABORATORY

1601 S Sunkist St, Ste E, Anaheim, CA 92806 · Call & Text 714-900-3217
www.noirdental.com · office@noirdental.com [noirdental](#)

LAB USE ONLY

DR. _____ Office _____

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

Rx Date ____ / ____ / ____ Due Date ____ / ____ / ____

Zirconia / All Ceramic

Zirconia Layered (PFZ)

Layered Full Crown

Full Zirconia (FZC)

Full Zirconia Crown
 Inlay / Onlay / Veneer

Provisional

Implant

Implant System

_____ mm

IPS e.max®

IPS e.max®

Full Crown
 Inlay / Onlay
 Veneer

IPS e.max® Layered

Layered Full Crown

BioTemps (PMMA)

Implant Type

Cemented Retained
 One Piece Screw Retained

Custom Abutment

Titanium Abutment
 Hybrid Custom Abutment
(Zirconia Abutment w/ Ti-base)

* Shade for Zirconia :

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

CONTACT

T M L V.L

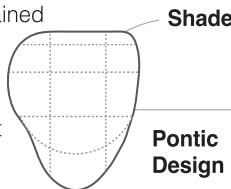
OCC. BITE

T M L V.L

If Insufficient room

Adjust Opposing
 Reduction Coping
 Metal Occlusal
 Reduce Die

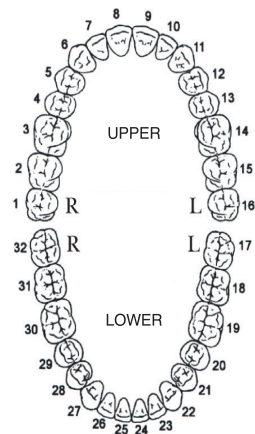
Stump Shade



Pontic Design



Rx SPECIFIC INSTRUCTION



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 2.0% A PER MONTH SERVICE CHARGE FOR ANY PAYMENT OR PORTAL, THEREOF NOT RECEIVED WITHIN THE 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.