



DENTAL MILLING SOLUTIONS

2150 Harden Blvd, Lakeland, FL 33803
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DentalMillingSolutions.com

Implant Restorative Prescription Form

Today's Date _____

Requested Return Date _____

Doctor _____

Address _____

City _____

Street Address _____ Zip _____

Phone _____

Patient Name _____

Age _____ Male Female Shade _____

Restoration Requested

Temporary Surgical Prosthesis Upper Lower

Final Screw Retained Hybrid Upper Lower

Other _____

Materials Requested

Zirconia PMMA Other _____

Step Requested

- Verification Jig Final Restoration
- Try-In

Items Sent

- Impressions Upper Lower
- Models Upper Lower

	Quantity	Brand	Size
Impression-Copings	_____	_____	_____
Analogs	_____	_____	_____
Abutments	_____	_____	_____
Abutment Screws	_____	_____	_____
Screw Driver	_____	_____	_____

Special Instructions

Doctor's Signature _____

License Number _____

Date _____ State _____