espritdent™

Prescription for ZR Zirconia Substructure

Today's Date _____ Requested Return Date _____

Case Number _____ Lab _____

Lab Contact _____ Lab Phone Number _____

Prescribing Doctor's Zip Code *(required)* _____

Patient's Name _____

Margins *(check one)* ◯ ZR Standard Margin ◯ ZPR Press Reduced Margin

Finish Coping ◯ Yes ◯ No

Tooth/Bridge No(s) _____ Color Shade _____

_____ Color Shade _____

_____ Color Shade _____

Digital Waxing Instructions
(Unsupported Porcelain Areas)

Additional Comments

15000 West 6th Avenue • Suite 150 • Golden, Colorado 80401
877.832.0217 *phone* • 303.708.8585 *fax*
www.espritdent.com

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