



1050 W. Elm Avenue • Suite 260 • P.O. Box 191 • Hermiston, OR 97838  
541.567.1667

# Rx Form

## Milling Services

Date: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Tooth/Bridge No.(s)

Single  Bridge \_\_\_\_\_

Scanning Parameters (\*=recommended)

Tooth# \_\_\_\_\_ Tooth# \_\_\_\_\_ Tooth # \_\_\_\_\_

Coping thickness:

Anterior:

(0.4 to 2.00mm) (\*0.5) \_\_\_\_\_

Posterior:

(0.5 to 2.00mm) (\*0.5) \_\_\_\_\_

Thickness:  .5mm  Other: \_\_\_\_\_

Contoured for Porcelain Support

Shade: \_\_\_\_\_