



Laboratory Procedure Prescription  
Stevenson Dental Technology Inc

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Dr. \_\_\_\_\_

E-Mail or Address \_\_\_\_\_

Date Sent: \_\_\_\_\_ Due by 4PM on: \_\_\_\_\_

Patient or #: \_\_\_\_\_ M  F  Age \_\_\_\_\_

Shade \_\_\_\_\_ Prep \_\_\_\_\_ Emailed to shades@sdt-labs.com Y | N

E-Max E-Max Monolithic  Layered  teeth # \_\_\_\_\_

Zirconia techZIR Monolithic  Layered  teeth # \_\_\_\_\_

LavaPlus Monolithic  Layered  teeth # \_\_\_\_\_

H-T<sup>translucency</sup> Mono Lava Aesthetic  techZIR  teeth # \_\_\_\_\_

PFM Comprehensive  Simple  Teeth # \_\_\_\_\_  Porc. Margin

Milled PMMA Temps  Teeth # \_\_\_\_\_

Full Cast Metal  Teeth # \_\_\_\_\_

Metal(Circle)-(Base)(Noble)(HighNoble)(HighNobleYellow)Other \_\_\_\_\_

Implant Selection

Hybrid/Screw Retained Crown  Teeth # \_\_\_\_\_ \*choose crown type above

Hybrid Zirconia Abutment  Teeth # \_\_\_\_\_

Custom Abutments

Straumann Titanium  Zirconia

Atlantis Titanium  Zirconia

Other \_\_\_\_\_ Titanium  Zirconia

Additional instructions and/or known allergies Implant Selection

Our Office Needs RX pads  Shipping Boxes  Mailing labels

I authorize the above procedure to be performed and I have read and agreed to the Terms and Conditions on SDT website @ sdt-labs.com .

Dentist Signature

License #

S \_\_\_\_\_ O \_\_\_\_\_ F \_\_\_\_\_ C \_\_\_\_\_ C \_\_\_\_\_