



919-403-0604 voice | 844-293-ADS1 (2371) toll free | 919-490-1314 fax

Dr: _____ **Patient Identification Code (PIC):** _____

Required for case communication to maintain HIPAA compliance. Please enter existing PIC (already used within your office). Or create a 5-7 digit code (alpha & numerical) *Example: Pt. John Doe = JD1234.*
Please chart this code for your records.

Patient: _____

Location: _____

Today's Date: _____ **Due Date:** _____ **Shade:** _____

- Envision Zirconia
Premium High Translucent
- Zirconia
High Strength
- e.max

- Tech to Choose Best Material
- Tech to Call

Teeth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Numbers	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

SPECIAL INSTRUCTIONS: _____

**Labels & Rx forms can be directly downloaded & printed from our website: absolutedentallab.com*

SIGNATURE

LICENSE #

Scan to Upload Photos:



By signing this prescription the undersigned is agreeing to pay for the item(s) prescribed