



3050 S Country Club Drive Ste. #26
 Mesa, Arizona 85210
 ph: 480.969.6163 | staff@JohnHenryLab.com
 fax: 480.733.6163 | www.JohnHenryLab.com

Crown & Bridge Rx



Doctor Name _____ Phone # _____

Patient Name _____ Patient Age _____

Practice Name _____

Due Date _____ * Date Patient Scheduled back in office _____

Address _____

* Please make sure the due date is 1-2 days before the patient's appointment date.

Lithium Disilicate / eMax

- Implant Crown
- Crown
- Veneer
- Layered Stain & Glaze
- Inlay
- Onlay
- Screw retained
- Cement retained

Zirconia

- Implant Crown
- Full Contoured Crown
- High Strength Crown
- Anterior UHT Crown (Ultra High Translucency)
- Layered Zirconia Crown (Porcelain layered Zirconia)
- Onlay
- Sleeve
- Screw retained
- Cement retained

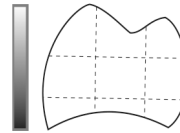
Implant Specifics

Implant System _____
 Implant Site _____
 Implant Size _____

Tooth # _____

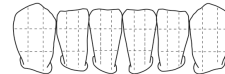
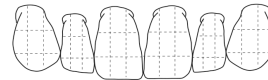
Shade _____

Stump Shade _____



Abutments & Bars

- Titanium Abutment
- Hybrid Abutment (Titanium & Zirconia)
- Hader Bar
- Custom Bar
- Insertion Jig



Please send:

- Rx Forms
- Boxes
- UPS labels

Enclosed with case:

- Impression
- Photos
- Models
- Implant Parts: _____
- Bite _____

Rx Notes

Crown Design



Pontic Design



Doctor Signature _____

DDS License # _____

Terms: Full payment must be received by the last business day of the month of statement date. Account balances not paid within these terms will be C.O.D. and a 3% late charge will be applied to your account. Account holder accepts all responsibility for payment and all reasonable legal fees.