FDIA Sample Laboratory Procedure Prescription

| Dentist Information: | Date Sent t | o Lab: |
|---|------------------|--|
| Name: | Phone: | |
| Practice Name: | Fax: | |
| Address: | Email: | |
| City: | State: | Zip: |
| Florida License No.: | | |
| Laboratory Information: | Date Recei | ved by Lab: |
| Laboratory Name: | | , |
| Technician Name: | | |
| Address: | | |
| City: | | Zip: |
| Florida Registration No.: | <u> </u> | |
| Tionaa Regionation No | | |
| Patient Name or Number: | | □ Male □ Female Age: |
| Known Allergies: | | |
| | | |
| Design Case Here: | | |
| Please provide descriptive information to clearly identify each | senarate and | individual piece of work to be performed in the area below |
| Additionally, please specify materials to be contained in each | • | · |
| UPPER LOWER RIGHT LEFT LEFT INSTRUCTIONS: | RIGHT | |
| Shade: | | |
| The following materials are to be used in pr | roducing | the above restoration: |
| | _ 🖳 _ | |
| <u> </u> | - 💾 — | |
| | - 💾 🗕 | |
| | _ | |
| (Laboratory should write in proc Return Request: | aucts or brand n | names available on the lines above.) |
| Month Date | Year | Time |
| | | |
| I authorize the above procedure to be perfo | ormed. | |
| Prescribing Dentist Signature: | | Date: |

Signature can be original or electronic.