YG DENTAL TECHNIQUE

UNIVERSAL RX

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
(required) Last First

Practice Name _____
(required)

Address _____

Phone _____

Patient Name _____ ☐ M ☐ F

DOB _____

Rx Date _____ Due Date/Delivery on _____
(Standard working time if no date given.) Delivery by end of day.

Case turnaround times are based on the date the Rx is received at YG Dental Technique. Please allow 10 business days (M-F) from that date and 15-17 business days for complex cases.

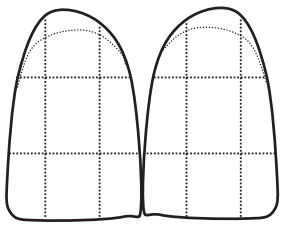
CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units

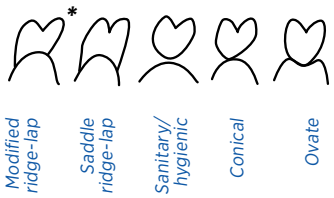
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

CROWN DESIGN

Characterizations



Pontic Design



Tooth Shade _____ Shade Guide Used _____
(REQUIRED (vita is default)

Stump Shade _____ Pink Tissue Shade _____
(REQUIRED FOR E.MAX)

Material / Restoration _____

☐Removables ☐Crown & Bridge

LEAVE RX SPECIFIC INSTRUCTIONS BELOW

Standard design if an option is not selected

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