



**Suncoast  
Ceramic Studio**  
DENTAL LABORATORY

1415 Oakfield Drive • Brandon, FL 33511  
Office: 813-684-1905 • Fax: 813-684-1820  
E-mail: [scs@suncoastceramic.com](mailto:scs@suncoastceramic.com)  
[www.suncoastceramic.com](http://www.suncoastceramic.com)  
DL#10065

**R** PRESCRIPTION

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Practice Name & Address \_\_\_\_\_

Patient Name (Last, First) \_\_\_\_\_ Male / Female \_\_\_\_\_ Age \_\_\_\_\_

Date Sent \_\_\_\_\_ SCS Delivery/Ship Date \_\_\_\_\_

Patient Appointment Date & Time \_\_\_\_\_

Teeth to be restored: **Please send a study model of patient approved temporaries on anterior work.**

UPPER: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

LOWER: 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Follow Wax Up

Material:  DurusZ FC  DurusZ HT  Emax Press  Wax Up  Temps

Preparation/Stumpf Shade: \_\_\_\_\_

Final Shade: \_\_\_\_\_

(Shade Guide Used: \_\_\_\_\_)

Photos of shade were emailed to [scs@suncoastceramic.com](mailto:scs@suncoastceramic.com)

Pink Tissue Shade: \_\_\_\_\_

(Shade Guide Used: \_\_\_\_\_)

Photos of shade were emailed to [scs@suncoastceramic.com](mailto:scs@suncoastceramic.com)

Custom Abutment:  Cement-Retained  Screw-Retained

**(Please submit Implant Report with case)**

# \_\_\_\_\_ Implant Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

# \_\_\_\_\_ Implant Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

# \_\_\_\_\_ Implant Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

# \_\_\_\_\_ Implant Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Rx Specific Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional instructions on back YES / NO

*\* see reverse for items included*

Dentist's Signature (Required) \_\_\_\_\_ License # \_\_\_\_\_

**Items Included with case:  
Quick Check, Have you included?**

Additional Instructions Continued: \_\_\_\_\_

\_\_\_\_\_

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**Goal of Final Case**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Widen Buccal Corridor</b> | <input type="checkbox"/> <b>Feminize Smile</b> |
| <input type="checkbox"/> <b>Younger Smile</b>         | <input type="checkbox"/> <b>Move Midline</b>   |
| <input type="checkbox"/> <b>Close Diastema</b>        | <input type="checkbox"/> <b>Lengthen Teeth</b> |
| <input type="checkbox"/> <b>Change Shape</b>          | <input type="checkbox"/> <b>Change Shade</b>   |

**Pontic Design**

- |   |
|---|
| <input type="checkbox"/> <b>Anterior</b>      |
| <input type="checkbox"/> <b>RidgeLap</b>      |
| <input type="checkbox"/> <b>Mod. RidgeLap</b> |
| <input type="checkbox"/> <b>Ovate</b>         |

Sent		Received
	<b>Impressions(s)</b>	
	<b>Opposing</b>	
	<b>Pre-Op Model(s) if available</b>	
	<b>Temp Model(s)</b>	
	<b>Bite Registration</b>	
	<b>Stick Bite / Symmetry Bite</b>	
	<b>Diagnostic Wax Up</b>	
	<b>Photos Sent or Emailed</b>	
	<b>Miscellaneous Items</b>	



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