Trosvig Dental
LABORATORY

(425)257.1176
3224 Colby Ave, Suite C
Everett, WA 98201

Rx Form

Patient's Name _____

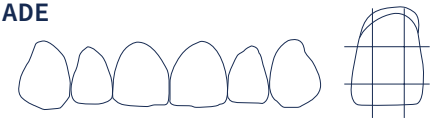
Age _____ Sex _____

Date _____

DUE DATE

Day _____ Hour _____ ❑AM ❑PM

SHADE



℞

Pontic Design

❑a. ❑b. ❑c.* ❑d. ❑e. ❑f.
❑ No Ridge Relief

FIXED

❑E.MAX

Zirconia
Premium
❑Solid ❑Layered
Strength
❑Solid ❑Layered

❑PFM
❑Full Cast Gold
❑Inlay ❑Onlay

IMPLANTS

❑Brand_____
❑Platform Size____
❑Zirconia
❑Titanium
❑UCLA
❑Custom Abutment
❑Ti Base

REMOVABLE

❑Night Guards
❑Flippers/Essex/Partial
❑Custom Tray
❑Bite Rim
❑Immediate Denture/Denture
❑Temporary Partial
❑Reline

DR. SIGNATURE _____ LICENSE NO. _____

DR. ADDRESS _____ PHONE NO. _____

DENTAL WORK AUTHORIZATION (WHITE – LAB YELLOW – DENTIST) WASHINGTON DOH CERTIFICATION #: DLAB.FS.61145569