



Lab2Lab Rx

Name:
Contact Phone #:
Email Address:
Contact Name:
Patient Name:

Ship to Street:
Ship to City:
Ship to State:
Ship to Zip Code:

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TOOTH #

Referring Office Zip Code

Abutment Type

Models Only

Request Design Approval

Tissue Blanching

Margin Line / Emergence Profile

Facial Margin Line - 1.5mm or

Lingual Margin Line - .5mm or

Mesial Margin Line - .75mm or

Distal Margin Line - .75mm or

Shoulder Width - .5mm or

Occlusal Clearance - 1.75mm or

Request Core File

Additional Instructions:

