

# Z M C

## ZIEMEK MILLING CENTER LAVA™ PRESCRIPTION

ZMC use only
Case Number: _____
Date Received: _____

Date: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_ City: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Case ID: \_\_\_\_\_

Doctor Zip Code: \_\_\_\_\_ (3M required)

Shade: \_\_\_\_\_ **OR** CIRCLE ONE of the following shades  
From your ZMC shade guide.

Tooth/Bridge No.s

- Single  Bridge \_\_\_\_\_ Shade: NS FS1 FS2 FS3 FS4 FS5 FS6 FS7
- Single  Bridge \_\_\_\_\_ Shade: NS FS1 FS2 FS3 FS4 FS5 FS6 FS7
- Single  Bridge \_\_\_\_\_ Shade: NS FS1 FS2 FS3 FS4 FS5 FS6 FS7

Lab Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Scanning Parameters (\* = Recommended)**

Coping Thickness:	Tooth# _____	Tooth# _____	Tooth# _____
Anterior: (0.3 to 2.00mm)(*0.5)	_____	_____	_____
Posterior: (0.5 to 2.00mm)(*0.5)	_____	_____	_____

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**Please Remember To:**

- Trim Die with subtle curve under margin (one clear line please).
- Block out undercuts and defects in prep.
- Support porcelain by building up die OR ask us to use the wax knife software when needed (must have all model work to do "Wax Knife").

**Please DO NOT:**

- Mark Margins
- Seal Die or Paint Die
- Mount Models

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Pontic Design Instructions:

Finish Margins:  100%

(Please select one)  95%

Additional Comments:

Not at all

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