

DOCTOR : _____
PLEASE PRINT LAST / FIRST CITY: _____
IF MULTIPLE LOCATIONS

PATIENT : _____
PLEASE PRINT LAST / FIRST M · F AGE : _____

TEL : _____ **DUE DATE :** _____
DELIVERED BY 5:00 PM

METAL RESTORATIONS

- | | | |
|--|--------------|--|
| <input type="checkbox"/> PFM | METAL | <input type="checkbox"/> Yellow Precious |
| <input type="checkbox"/> Full Gold Crown | | <input type="checkbox"/> White Precious |
| <input type="checkbox"/> Full Gold Onlay / Inlay | | <input type="checkbox"/> Non- Precious *Single Unit Only |
| <input type="checkbox"/> Cast Post | | <input type="checkbox"/> TYPE III Gold |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Enclosed |

ESTHETIC RESTORATIONS

- | | | |
|--|-------------|--------------------------------------|
| <input type="checkbox"/> Porcelain Fused to Zirconia | TYPE | <input type="checkbox"/> Crown |
| <input type="checkbox"/> Full Contour Zirconia | | <input type="checkbox"/> Onlay/Inlay |
| <input type="checkbox"/> IPS e.max | | <input type="checkbox"/> Coping |
| <input type="checkbox"/> Stained | | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Layered | | <input type="checkbox"/> Veneer |
| <input type="checkbox"/> Feldspathic Porcelain | | |











CONTACT

- OCCLUSAL :** Light Normal Tight
PROXIMAL : Light Normal Tight Broad

MARGIN DESIGN

- Disappearing Buccal Margin # _____
 Porcelain Buccal Margin # _____
 Metal Buccal Margin _____mm # _____

FRAME DESIGN

- OCCLUSAL :**     
 None (default) 50% 75% 100% Other
- LINGUAL :**     
 _____mm (default:1mm) None 50% 75% Other

PONTIC DESIGN

-     
 Over Lap Ridge Lap Sanitary Ovate Lap Other

IMPLANT RESTORATIONS

- | | | |
|---|-----------------------|--|
| <input type="checkbox"/> Screw Retained | CAD/CAM SYSTEM | <input type="checkbox"/> Zirkonzahn |
| <input type="checkbox"/> Cement Retained | | <input type="checkbox"/> 3i BELLATEK |
| <input type="checkbox"/> Titanium Preparable Abutment | | <input type="checkbox"/> Atlantis |
| <input type="checkbox"/> Gold Cast Abutment | | <input type="checkbox"/> Nobel Procera |
| <input type="checkbox"/> Titanium CAD/CAM Abutment | | <input type="checkbox"/> Straumann Cares |
| <input type="checkbox"/> Zirconia CAD/CAM Abutment | | <input type="checkbox"/> Other _____ |

LAB USE ONLY PLEASE DO NOT WRITE IN THIS SPACE

RECEIVED _____ CHECKED BY : _____

PAN _____ ENCLOSURE : _____

SHIP _____

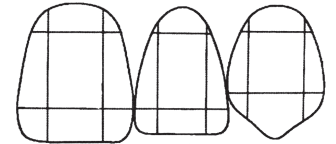
WORK CODE : _____

RX

PLEASE SEND A STUDY MODEL ON ALL WORK INVOLVING ANTERIOR TEETH

SPECIFIC TECHNICIAN : _____
ADDITIONAL CHARGE OF \$39 PER UNIT

SHADE : _____



STUMP SHADE : _____
FOR ALL CERAMIC RESTORATIONS

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

DR. SIGNATURE : _____

PLEASE CHECK THIS BOX IF YOU NEED MORE LAB SLIPS.