

Account # _____
 Patient Name: _____
 Date sent: _____ Due date: _____ By 5PM

Lab use - Do not write in box

Chart No. _____

Fixed

PFM

Non Precious
 Semi Precious
 White High Noble
 Yellow High Noble
 Captek™
 Others _____

Metal Design
 Circle your selection below

Margins

Full Porcelain Coverage
 Lingual Metal Collar ★
 Metal Occlusal excl. Buccal Cusp
 Metal Occlusal incl. Buccal Cusp

Full Casts

Non Precious ★
 Titanium
 Yellow High Noble

All Ceramics

Zirconium ★
 Cerec™ InLab
 Lava™
 E Max™
 IPS Empress™
 Inlay/Onlay (Empress)

Implants

SP
 Noble Biocare™
 Straumann™
 Others _____

WHN ★
 YHN
 Captek™
 LAVA™

Shade

Pontic Design
 Circle your selection below

Modified Ridge Lap
 Saddle Ridge
 Sanitary
 Bullet
 Ovate

Occlusal Stain

NONE ★ LIGHT
 MEDIUM DARK

Removables

Partials
PARTIALS MADE OVER FRESH EXTRACTIONS OR ANY REPAIR + ADDS ARE NOT GUARANTEED

Cast Metal Framework (PD Casta™+ Acrylic)

Upper Lower

Wax Rim
 Frame Try-in Only
 Frame Try-in (with bite blocks)
 Teeth Try-in
 Finish

Full Dentures

Upper Lower

Wax Rim
 Teeth Try-In
 Finish

Misc

Stayplate

Upper Lower
 Wire Clasps Teeth # _____

Space Maintainer

Loop Tooth # _____
 Band Teeth # _____

Custom Tray

Upper Lower

Resin Based Partial

Upper Lower

Cast Clasps Only
 Cast Clasps Teeth # _____
 Clear Clasps

Gumshades

Light Pink
 Pink (standard)
 Meharry
 Dark Meharry

Premium Teeth
 (Call for Availability)

IPN Portrait _____
 Other _____

Hybrid / Combo
 (PD Casta + TCS Flexible™)

Upper Lower

Wax Rim
 Teeth Try-in
 Finish

Special Instructions:

ARRANGEMENTS CAN BE MADE FOR RUSH CASES
 PLEASE CALL FOR PRICING AND ARRANGEMENT

PLEASE MARK WHICH TEETH NEED TO BE BAND AND LOOPED

*** PLEASE MARK "X" ON TEETH TO BE EXTRACTED ON DIAGRAM ABOVE**

Metal Try-In
 Follow enclosed study model for contours

Doctor's signature _____ Lic. # _____

★ STANDARD UNLESS OTHERWISE SPECIFIED

Need RX?
 20 40
 60

Need shipping labels?
 20 40

If No Occlusal Clearance

Metal Occlusion Reduction Coping Spot opposing

Would you like this to be a permanent note?
 Yes No

Bite - (Occlusal Contact)

Light Medium Heavy Out of occlusion

Proximal Contacts

Light Medium Tight

Would you like this to be a permanent note?
 Yes No

Lab use - Do not write in box
 Enclosed:

_____ imp. _____ TIW
 _____ bite _____ F/TIW
 _____ model _____ crown