

Doctor's Name/Account Number or Referring Dental Lab _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Patient's Name _____ ID# _____
Date of RX ____/____/____ Requested Return Date ____/____/____
LAB USE
[] IMPRESSION [] WAXUP [] DENTURE [] CROWN
[] ARTICULATOR [] BITE [] FRAMEWORK [] PAYMENT
[] MODELS [] BITE BLOCK [] PARTIAL [] CASES
Postage [] REGULAR [] OVERNIGHT

FIXED RESTORATIONS

Shade _____ Stump Shade _____
[] Occlusal Staining
Tooth Number (s) _____

Restoration

- [] Crown [] Inlay/Onlay
[] Bridge [] Veneer

Restoration



Design Details

- [] 360° metal margin _____mm [] Metal Lingual*
[] Porcelain Butt Margin* [] Metal Occlusal*
[] Other _____

**Additional Charge*

All-Ceramic

- [] Translucent Zirconia [] Other
[] Full Zirconia [] Temporary Crown
[] Layered Zirconia [] Diagnostic Wax Up
[] e.max Pressed [] Post and Core

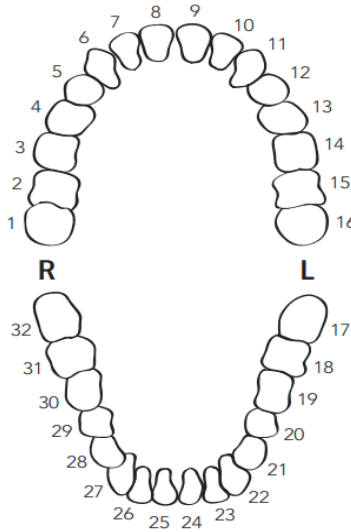
PFM Crowns

Full Cast

- [] Non-Precious [] Non-Precious White
[] Semi-Precious White Gold [] Non-Precious Yellow
[] High Noble White Gold [] Semi-Precious White Gold
[] High Noble Yellow Gold [] Semi-Precious Yellow Gold
[] High Noble White Gold
[] High Noble Yellow Gold
[] Y+2% Gold

Implant Abutments

- [] Stock [] Titanium
[] Custom Milled [] Zirconia w/Ti insert – Hybrid
[] Engaging Implant System _____
[] Non-Engaging
[] Screw Retained
Of Attachments _____ Diameter _____



If an adjustment is needed:

- [] Adjust opposing
[] Adjust abutment
[] Call the office

REQUIRED

DOCTOR SIGNATURE _____

REQUIRED

License# _____

REMOVABLE RESTORATIONS

Check all that apply [] Upper [] Lower [] Try-in (default) [] Finish
Try-in required for cases with open end saddles or missing more than 6 teeth or warranty is void

Extraction Tooth# _____ [] Extract All [] Extract Now [] Extract After Try-In

Teeth [] Stock (Included)

Tooth Shade _____

REQUIRED

No Metal Options

Frame Design

Clasp Type*

- [] Acrylic Flipper (1 or 2 teeth) [] Horseshoe Palate [] Cast [] Wire
[] Acrylic Partial (2ww clasp) [] AP Open Palate [] Flexible
[] Full Denture Acrylic [] Full Palatal Metal
[] Flexible Unilateral [] Palatal Strap
[] Flexible Partial [] Metal Occlusion [] Wire Stainless
[] Valplast Partial [] Rests [] Mesh Stainless
[] Bite Rim [] Lingual Apron [] Cast Meshwork embedded
[] Custom Tray [] Lingual Bar
[] Patient Name in Appliance [] Precision Attachments
[] Lucitone 199 Material (Best design is fabricated if no option is selected)
[] Cusil Gasket

Cast Partial

- [] Cast Frame (Default) [] Vitallium 2000+ Frame

Select Following Product **REQUIRED** !

- [] Framework Only [] Cast Acrylic (Default)
[] Flexible Combo [] Valplast Combo

Tissue Shade

Repair

- [] Pink (Default) [] Light Pink [] Reline [] Basic Repair
[] Light Meharry [] Dark Meharry [] Rebase [] Soft Liner
[] Medium Meharry [] Add Tooth # _____

Attachments*

- [] ERA [] VKS [] Hader Bar [] Other _____

Ortho

(Upper unless specified)

- [] Soft Night Guard [] Bite Splint [] Essix Retainer
[] Hard Night Guard [] Sport Guard [] Hawley Retainer
[] Night Guard Soft/Hard 2mm [] Band and Loop [] Nance appliance
[] Night Guard Soft/Hard 3mm [] Nance appliance [] Bilateral Space Maintainer

Other

- [] Bleaching Tray [] Perio Guard

**Additional Charges* 08/25