



DOCTOR'S NAME/ACCOUNT NUMBER OR REFERRING DENTAL LAB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

DATE OF RX \_\_\_\_/\_\_\_\_/\_\_\_\_ REQUEST RETURN DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**LAB USE**

<input type="checkbox"/> IMPRESSION	<input type="checkbox"/> WAXUP	<input type="checkbox"/> DENTURE	<input type="checkbox"/> CROWN
<input type="checkbox"/> ARTICULATOR	<input type="checkbox"/> BITE	<input type="checkbox"/> FRAMEWORK	<input type="checkbox"/> PAYMENT
<input type="checkbox"/> MODELS	<input type="checkbox"/> BITE BLOCK	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> CASES

**SHIPPING**  REGULAR  OVERNIGHT

**FIXED RESTORATION**

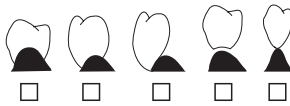
**SHADE** \_\_\_\_\_  
 OCCLUSAL STAINING

TOOTH NUMBER (S) \_\_\_\_\_

**+ RESTORATION**

- CROWN
- VENEER
- BRIDGE
- INLAY/ONLAY
- POST & CORE

**+ PONTIC DESIGN**



**DESIGN DETAILS**

- 360° METAL MARGIN \_\_\_\_\_ MM
- PORCELAIN BUTT MARGIN\*
- OTHER \_\_\_\_\_

- 3/4 METAL OCCLUSAL\*
- METAL LINGUAL\*
- METAL OCCLUSAL\*
- DIAGNOSTIC WAX UP\*

\*ADDITIONAL CHARGE

**+ ALL CERAMIC**

- SDL TRANSLUCENT ZIRCONIA
- SDL FULL ZIRCONIA
- SDL LAYERED ZIRCONIA
- E.MAX PRESSED

**+ COMPOSITES/TEMP**

- GRADIA
- SDL TEMPORARY CROWN

**+ PFM CROWNS**

- NON-PRECIOUS
- SEMI-PRECIOUS WHITE GOLD
- HIGH NOBLE WHITE GOLD
- HIGH NOBLE YELLOW GOLD

**+ FULL CAST**

- NON-PRECIOUS
- SEMI-PRECIOUS WHITE GOLD
- SEMI-PRECIOUS YELLOW GOLD
- HIGH NOBLE WHITE GOLD
- HIGH NOBLE YELLOW GOLD
- CAST POST AND CORE
- Y+ 2% GOLD

**+ IMPLANT ABUTMENT**

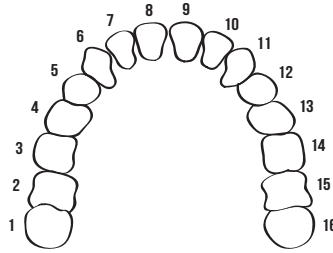
- STOCK
- CUSTOM MILLED
- HADER BAR
- CAST OVER DENTURE FRAME
- SCREW RETAINED

- TITANIUM
- ZIRCONIA W/TI INSERT - HYBRID

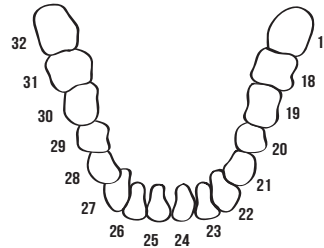
IMPLANT SYSTEM \_\_\_\_\_

DIAMETER \_\_\_\_\_

# OF CLIPS OR LOCATORS \_\_\_\_\_



**DESIGN**



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF AN ADJUSTMENT IS NEEDED:

- ADJUST OPPOSING
- ADJUST ABUTMENT
- CALL THE OFFICE

DOCTOR SIGNATURE \_\_\_\_\_

LICENSE# \_\_\_\_\_

REQUIRED

REQUIRED

**REMOVABLE RESTORATIONS**

CHECK ALL THAT APPLY  UPPER  LOWER  TRY-IN  FINISH  CUSIL STYLE  
 DENTURE  IMMEDIATE DENTURE  BITE BLOCK

EXTRACTION TOOTH# \_\_\_\_\_  EXTRACT ALL  EXTRACT NOW  EXTRACT AFTER TRY-IN  
TEETH  STANDARD  PREMIUM\*  GOLD OPEN FACE\*  FULL GOLD\*

TOOTH SHADE \_\_\_\_\_ \*ADDITIONAL CHARGE

**+ SDL FLEX PARTIALS**

- SDL FLEX
- SDL FLEX UNILATERAL (\*MAX 2 TEETH)

**+ SDL SHADE**

- LIGHT PINK
- PINK (DEFAULT)
- MEDIUM MEHARRY
- DARK MEHARRY

**+ CLASP TYPE**

- CAST\*
- WIRE\*
- FLEXIBLE\*
- SDL CLEAR\* (CAN NOT COMBINE SDL CLEAR CLASPS WITH SDL FLEX)

**+ METAL PARTIALS**

- SDL FRAME W/ACRYLIC
- SDL HYBRID (FLEX + FRAME COMBO)
- SDL FRAMEWORK ONLY

**+ ACRYLIC SHADE**

- LUCITONE 199\*
- PINK (DEFAULT)
- LIGHT PINK
- LIGHT MEHARRY
- MEDIUM MEHARRY
- DARK MEHARRY

**+ REINFORCEMENT**

- WIRE\*
- MESH\*

**+ ACRYLIC PARTIALS**

- FLIPPER (1 TOOTH ALL ACRYLIC)
- ACRYLIC PARTIAL (WROUGHT WIRE CLASPS)

**+ DESIGN**

- HORSESHOE PALATE
- AP OPEN PALATE
- FULL PALATAL METAL COVERAGE
- PALATAL STRAP
- METAL OCCLUSION
- RESTS
- LINGUAL APRON
- PRECISION ATTACHMENTS\*
- LINGUAL BAR

**+ VALPLAST PARTIALS**

- VALPLAST
- VALPLAST CAST COMBO

(BEST DESIGN IS FABRICATED IF NO OPTION IS SELECTED)

ATTACHMENTS \_\_\_\_\_  ERA  PD  HADER BAR  OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

**+ REPAIR**

- RELINE
- BASIC REPAIR
- SOFT LINER
- ADD TOOTH # \_\_\_\_\_
- REBASE

**+ NIGHT GUARDS/ BITE SPLINTS**

(UPPER UNLESS SPECIFIED)

- SOFT
- HARD
- HARD/SOFT 2MM
- HARD/SOFT 3MM
- SURGICAL STENT

**+ APPLIANCES**

- HAWLEY RETAINER
- BAND & LOOP SPACE MAINTAINER
- TMJ APPLIANCE
- EMA SNORING APPLIANCE
- SDL SNAP-IN SMILE