YM Dental Lab, Inc.
14100 Park Meadow Drive
STE 100, Chantilly, VA 20151

www.ymprestige.com info@ymprestige.com (703) 330-1990

Prep Date : __ / __ / __ **Deliver By 5 PM :** __ / __ / __

Doctor : _____

Address : _____

Patient : _____

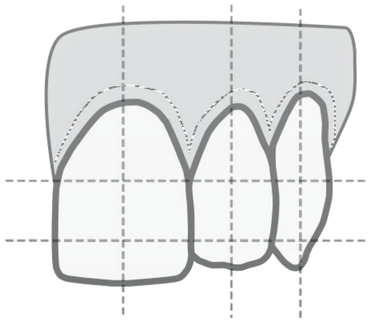
Tooth Number : _____

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

SHADE

☐ **Custom Shade at the Lab**
Due dates will be provided after the shade evaluation is completed.

Stump : _____
Cervical : _____
Body : _____
Incisial : _____



*Please include the **stump shade** for all Anterior cases.
*Please use **Vita 3D Master shade guide,** if possible.

CERAMIC RESTORATION

☐ Zirconia
☐ Lithium Disilicate
☐ Feldspathic

PROVISIONAL RESTORATION

☐ Crown / Veneer
☐ Implant

DIAGNOSTIC WAX UP

☐ Traditional
☐ Digital

IMPLANT RESTORATION

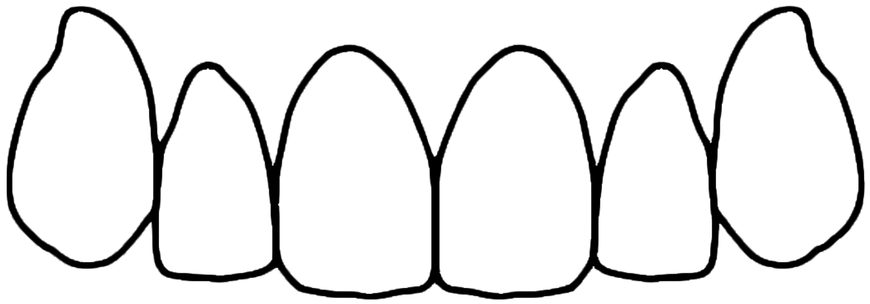
☐ Cement Retain
☐ Screw Retain
Implant System : _____
Implant Size : _____

IMPLANT ABUTMENT

Genuine
☐ Titanium Abutment
☐ Zirconia Abutment

Custom
☐ Titanium Abutment
☐ Ti Base + Zirconia

SPECIAL INSTRUCTIONS



Use the **UPLOAD BUTTON** to send photos or STL files on: **ymprestige.com**

UPLOAD

OCCLUSAL STAIN

☐ None
☐ Light
☐ Medium
☐ Heavy

INTERPORXIMAL CONTACTS

☐ Light
☐ Medium
☐ Heavy

OCCLUSAL CONTACT

☐ Out (0.3mm sub)
☐ Light
☐ Contact

IF INSUFFICIENT ROOM

☐ Reduce Opposing
☐ Reduction Coping
☐ Please Call

ENCLOSED WITH CASE

☐ Impressions
☐ Scan Files
☐ Models
☐ Bite
☐ Photos
☐ Other : _____

_____ SIGNATURE OF DENTIST

_____ DENTIST LICENSE NUMBER

By signing this document, the customer acknowledges and agrees to our payment terms. Payments are due immediately upon receipt of your monthly statement and are payable within thirty (30) days. Accounts not paid within the stated terms will be subject to COD status and a late charge of 3% of the unpaid balance. The customer agrees to pay all reasonable attorney fees, collection, and court costs incurred by YM Dental Lab Inc and any of its affiliates in enforcing any of these terms and conditions.