

Prep Date : __ / __ / __

Deliver By 5 PM : __ / __ / __

Doctor : _____

Address : _____

Patient : _____

Tooth Number : _____

CERAMIC RESTORATION

Zirconia

- ☐ Monolithic
- ☐ Porc. Layered

Veneer

- ☐ E-max
- ☐ Feldspathic
- ☐ Zirconia

E-Max

- ☐ Monolithic
- ☐ Porc. Layered
- ☐ Inlay/Onlay

Z-Max

- ☐ Monolithic
- ☐ Porc. Layered

IMPLANT RESTORATION

Genuine

- ☐ Titanium Abutment
- ☐ Zirconia Abutment
- ☐ Gold Milling Abutment

In-House

- ☐ Titanium Abutment
- ☐ Zirconia Abutment

Cement Retained

- ☐ Zirconia (Monolithic)
- ☐ Zirc. (Porc. Layered)
- ☐ Z-Max
- ☐ E-Max

Screw Retained

- ☐ Zirconia (Monolithic)
- ☐ Zirc. (Porc. Layered)
- ☐ Z-Max
- ☐ E-Max

FULL CAST RESTORATION

- ☐ Yellow Gold (78%)
- ☐ Yellow Gold (50%)
- ☐ Yellow Abut, Gold
- ☐ White High Noble
- ☐ Semi-Precious
- ☐ Non-Precious

OCCLUSAL STAIN

- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Heavy

OCCLUSAL CONTACT

- ☐ Out (0.3mm sub)
- ☐ Light
- ☐ Contact

INTERPORXIMAL CONTACTS

- ☐ Light
- ☐ Medium
- ☐ Heavy

IF INSUFFICIENT ROOM

- ☐ Reduce Opposing
- ☐ Reduction Coping
- ☐ Please Call

SHADE

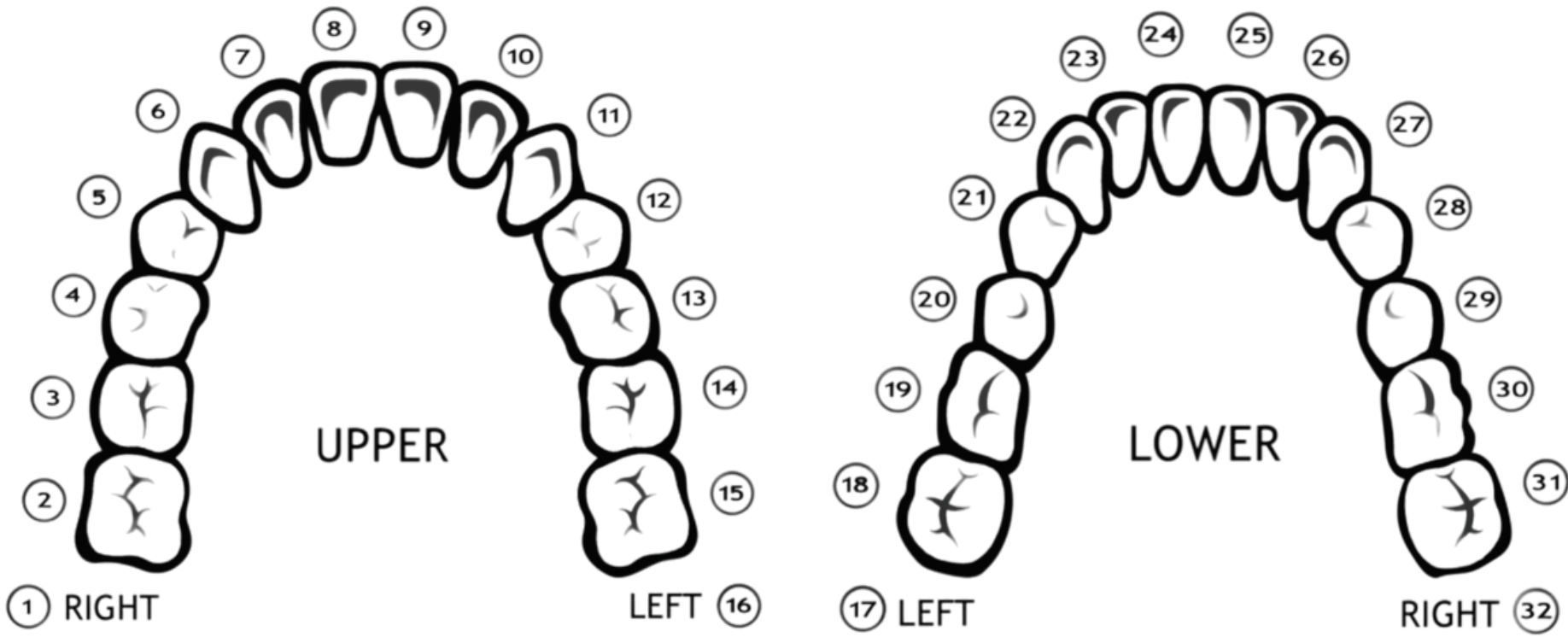
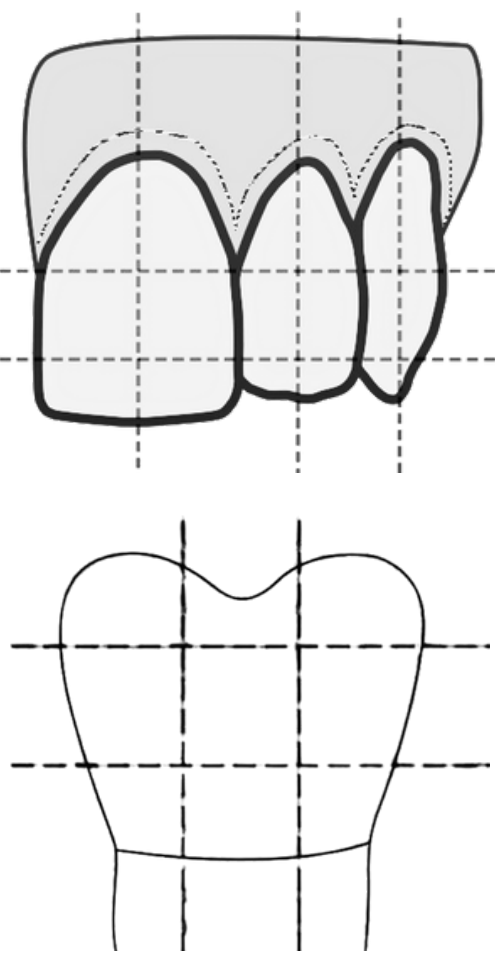
- ☐ **Custom Shade at the Lab**
Due dates will be provided after the shade evaluation is completed.

Stump : _____

Cervical : _____

Body : _____

Incisial : _____



ENCLOSED WITH CASE

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

REMOVABLE RESTORATION

- ☐ Full Upper
- ☐ Full Lower
- ☐ Partial Upper
- ☐ Partial Lower
- ☐ Over Denture
- ☐ Immediates
- ☐ Flipper
- ☐ Temp. Denture
- ☐ Valplast

DENTURE PROCESSING

- ☐ Resin Base Wax Rim
- ☐ Metal Frame & Wax Rim
- ☐ Teeth Arrangement
- ☐ Cure - Finish

HYBRID OVER DENTURE

- ☐ Zirconia Hybrid
- ☐ Zirconia Hybrid with Titanium Bar
- ☐ Titanium Hybrid
- ☐ PMMA Hybrid

SURGICAL GUIDE

- ☐ CT Scan Surgical Guide
- ☐ Acrylic Surgical Stent

MISCELLANEOUS

- ☐ Custom Tray
- ☐ Essix Retainer
- ☐ Night Guard
- ☐ NTI
- ☐ Precision Attachment
- ☐ Space Maintainer
- ☐ Deprogrammer
- ☐ myTap
- ☐ dreamTap

DENTURE REPAIR

- ☐ Teeth Repair
- ☐ Acrylic Replair
- ☐ Wire Replair
- ☐ Valplast Repair
- ☐ Laserweld Connection
- ☐ Reline / Rebase

SIGNATURE OF 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.