

Prep Date: \_\_\_ / \_\_\_ / \_\_\_ Deliver By 5 PM: \_\_\_ / \_\_\_ / \_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Patient: \_\_\_\_\_

Tooth Number: \_\_\_\_\_

**CERAMIC RESTORATION**

<b>Zirconia</b>	<b>E-Max</b>
<input type="checkbox"/> Monolithic	<input type="checkbox"/> Monolithic
<input type="checkbox"/> Porc. Layered	<input type="checkbox"/> Porc. Layered
<b>Veneer</b>	<b>Inlay/Onlay</b>
<input type="checkbox"/> E-max	<input type="checkbox"/> Inlay/Onlay
<input type="checkbox"/> Feldspathic	<input type="checkbox"/> Monolithic
<input type="checkbox"/> Zirconia	<input type="checkbox"/> Porc. Layered

**IMPLANT RESTORATION**

<b>Genuine</b>	<b>In-House</b>
<input type="checkbox"/> Titanium Abutment	<input type="checkbox"/> Titanium Abutment
<input type="checkbox"/> Zirconia Abutment	<input type="checkbox"/> Zirconia Abutment
<input type="checkbox"/> Gold Milling Abutment	

<b>Cement Retained</b>	<b>Screw Retained</b>
<input type="checkbox"/> Zirconia (Monolithic)	<input type="checkbox"/> Zirconia (Monolithic)
<input type="checkbox"/> Zirc. (Porc. Layered)	<input type="checkbox"/> Zirc. (Porc. Layered)
<input type="checkbox"/> Z-Max	<input type="checkbox"/> Z-Max
<input type="checkbox"/> E-Max	<input type="checkbox"/> E-Max

**FULL CAST RESTORATION**

<input type="checkbox"/> Yellow Gold (78%)	<input type="checkbox"/> White High Noble
<input type="checkbox"/> Yellow Gold (50%)	<input type="checkbox"/> Semi-Precious
<input type="checkbox"/> Yellow Abut, Gold	<input type="checkbox"/> Non-Precious

**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

**SHADE**
 **Custom Shade at the Lab**

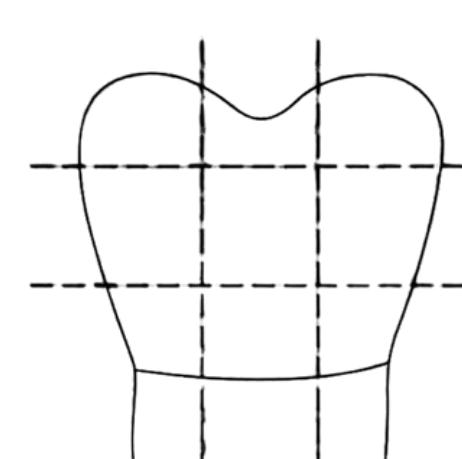
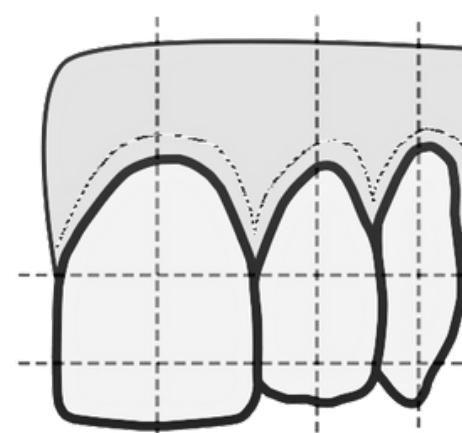
Due dates will be provided after the shade evaluation is completed.

Stump: \_\_\_\_\_

Cervical: \_\_\_\_\_

Body: \_\_\_\_\_

Incisial: \_\_\_\_\_



UPPER

LEFT

17 LEFT

LOWER

RIGHT

31

32

**ENCLOSED WITH CASE**
 Impressions  Scan Files  Models  Bite  Photos  Other: \_\_\_\_\_

*i* INSTRUCTIONS
**REMOVABLE RESTORATION**

<input type="checkbox"/> Full Upper	<input type="checkbox"/> Immediates
<input type="checkbox"/> Full Lower	<input type="checkbox"/> Flipper
<input type="checkbox"/> Partial Upper	<input type="checkbox"/> Temp. Denture
<input type="checkbox"/> Partial Lower	<input type="checkbox"/> Valplast
<input type="checkbox"/> Over Denture	

**DENTURE PROCESSING**

<input type="checkbox"/> Resin Base Wax Rim
<input type="checkbox"/> Metal Frame & Wax Rim
<input type="checkbox"/> Teeth Arrangement
<input type="checkbox"/> Cure - Finish

**HYBRID OVER DENTURE**

<input type="checkbox"/> Zirconia Hybrid
<input type="checkbox"/> Zirconia Hybrid with Titanium Bar
<input type="checkbox"/> Titanium Hybrid
<input type="checkbox"/> PMMA Hybrid

**SURGICAL GUIDE**

<input type="checkbox"/> CT Scan Surgical Guide
<input type="checkbox"/> Acrylic Surgical Stent

**MISCELLANEOUS**

<input type="checkbox"/> Custom Tray
<input type="checkbox"/> Essix Retainer
<input type="checkbox"/> Night Guard
<input type="checkbox"/> NTI
<input type="checkbox"/> Precision Attachment
<input type="checkbox"/> Space Maintainer
<input type="checkbox"/> Deprogrammer
<input type="checkbox"/> myTap
<input type="checkbox"/> dreamTap

**DENTURE REPAIR**

<input type="checkbox"/> Teeth Repair
<input type="checkbox"/> Acrylic Replair
<input type="checkbox"/> Wire Replair
<input type="checkbox"/> Valplast Repair
<input type="checkbox"/> Laserweld Connection
<input type="checkbox"/> Reline / Rebase

SIGNATURE OF DENTIST

LICENSE NUMBER