

DOCTOR NAME: _____
 OFFICE NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER: _____
 PATIENT NAME: _____
FIRST NAME LAST NAME

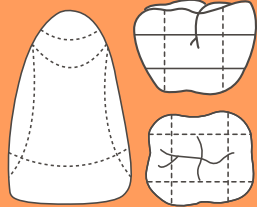
DATE DUE: _____

BY 5:00 PM

LAB USE

MALE
 FEMALE AGE: _____

CHARACTERIZATION



OCCLUSAL STAINING

None Light
 Medium Dark

PONTIC DESIGN



FULL CAST METAL

- Non-Precious
- White Semi-Precious
- Yellow Semi-Precious
- White High Noble
- Yellow High Noble
- NP Post & Core
- SP Post & Core
- HN Post & Core

PORCELAIN FUSED TO METAL

- PFM Non-Precious
- PFM Noble / Semi-Precious
- PFM High Noble (White)
- PFM High Noble (Yellow)

NIGHT GUARDS & BITE SPLINTS

- Upper Lower
- Comfort H/S (hard/soft)
- Comfort Hard
- Comfort Soft

REMOVABLES

- Denture
- Flexible Partial
- Flipper
- Custom Tray Occlusion Rim
- Wax Setup try-in Finish

Rx

TOOTH #: _____ SHADE: _____

NOTES



SIGNATURE: _____ LICENSE #: _____ DATE: _____

EMAIL ADDRESS: _____

CAD/CAM ZIRCONIA

- Solid Zirconia
- Anterior Solid Zirconia
- Layered Zirconia
- Zirconia Inlay/Onlay
- Zirconia Post & Core
- Zirconia Maryland Bridge

CAD/CAM ALL CERAMIC

- Emax CAD Full Contour
- Emox Layered
- Vitality Veneer

CUSTOM IMPLANT ABUTMENTS

- Titanium Custom Abutment
- Hybrid Zirconia Custom Abutment
- All-Zirconia Custom Abutment

Basic Implant

(includes preparation of dentist-provided stock abutment)

METAL PARTIALS

- Vitallium 2000
- Vitallium 2000+
- Flexible/Vitallium Combination

- Lab select complete design
- Frame try-in
- Frame w/ occlusion rim try-in
- Frame w/ setup
- Finish