

Required Information

Doctor's Office _____ Address _____
 Patient Name _____ City _____ State _____ Zip _____
 Today's Date _____ Phone Number _____
 Due Date (by 5:00pm) _____ Signature _____

Case Materials Enclosed

Impression(s) Bite Registration Requested New Model(s) Model(s) Implant Part(s) Other: _____

Crown & Bridge

Select one: Bridge Crown
 Inlay/Onlay Veneer

Select type:

- Full Contour Zirconia Layered Zirconia
 Emax CAD Emax Press
 Empress
 Porcelain Fused Metal (PFM)*
 Full Cast*

*Select alloy (Full Cast & PFM Only):

- Non-Precious Semi-Precious
 Noble Yellow (not applicable for PFMs)
 White Gold (High Noble)
 Yellow Gold (High Noble)

Implant (If Applicable):

- Abutment: Stock Custom Supplied
 Retainment: Screw Cement
 Manufacturer: _____
 Size: _____

Crown & Bridge Case Specifications

Staining:

- Light Medium Heavy None

Butt Margin: Porcelain 360° Porcelain

Occlusal Clearance:

- Light
 Full/In Occlusion Out of Occlusion

If Insufficient Room:

- Adjust Opposing
 Reduction Coping
 Metal Occlusal/Lingual
 Call

Contact

- Standard/Normal
 Medium/Broad
 Point

Metal Design



Pontic Design



Partials & Frameworks

Select type: Partial Framework

Select one: Acrylic
 Flexible (TCS)
 Cast*

*Select metal (For Cast Only):

- Nobileium Vitallium

Select clasp(s):

- Flexible Clasp Tooth # _____
 Clear Flexible Clasp Tooth # _____

Select stage:

- Complete (One-Step) Frame
 Frame with Bite Rim Set-Up
 Frame and Set-Up Process/Finish

Supply Requests

- DDDL Prescription Forms
 Shipping Labels
 DDDL Shipping Boxes
 Other: _____

Dentures

Select type: Full
 Immediate
 Extract Teeth (Immediate Only)

Select stage:

- Complete (One-Step) Wax Bite Rim
 Set Up Process/Finish

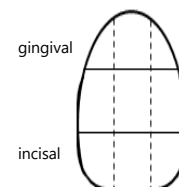
Orthodontic Guards

Select one: Hard Hard/Soft Soft

Design & Instructions

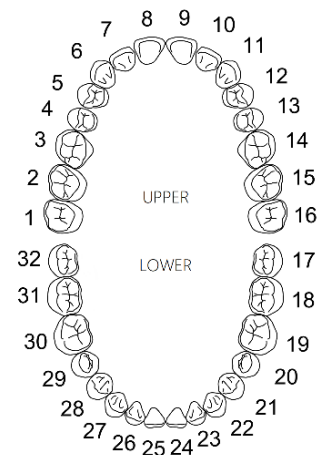
Tooth #: _____ Shade: _____ Stump Shade: _____

Remake: Yes No Remake Reason: _____



Tissue Shade:

- Pink
 Light Meharry
 Medium Meharry
 Dark Meharry



Try In

Finish