

### 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

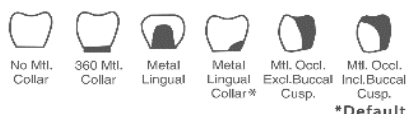
Butt Margin:  Porcelain  360° Porcelain

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

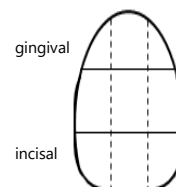
### Orthodontic Guards

Select one:  Hard  Hard/Soft  Soft

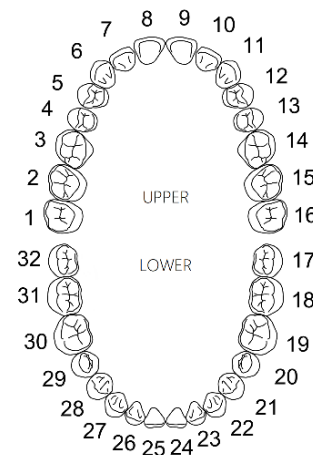
### Design & Instructions

Tooth #: \_\_\_\_\_ Shade: \_\_\_\_\_ Stump Shade: \_\_\_\_\_

Remake:  Yes  No Remake Reason: \_\_\_\_\_



Tissue Shade:  
 Pink  
 Light Meharry  
 Medium Meharry  
 Dark Meharry



Try In  Finish