DIGITAL DESIGNS Dental Lab

Innovative solutions for your practice™

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FOR LAB USE ONLY

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

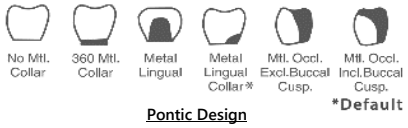
Butt Margin: ☐ Porcelain ☐ 360° Porcelain

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



*Default

Pontic Design



*Default

Partials & Frameworks

Select type: ☐ Partial ☐ Framework

Select one: ☐ Acrylic
☐ Flexible (TCS)
☐ Cast*

*Select metal (For Cast Only):
☐ Nobilium ☐ 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

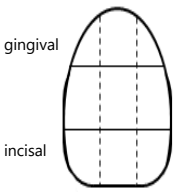
Orthodontic Guards

Select one: ☐ Hard ☐ Hard/Soft ☐ Soft

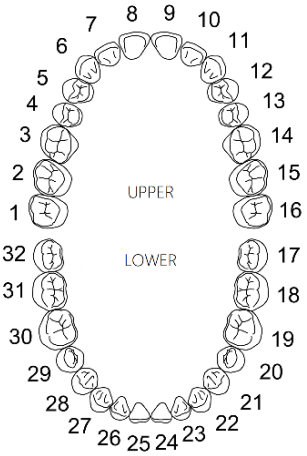
Design & Instructions

Tooth #: _____ Shade: _____ Stump Shade: _____

Remake: ☐ Yes ☐ No Remake Reason: _____



Tissue Shade:
☐ Pink
☐ Light Meharry
☐ Medium Meharry
☐ Dark Meharry



Try In ☐ Finish ☐