DENTAL PROSTHETICS

EXCELLENCE IN SERVICE AND VALUE SINCE 1969

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Doctor Name: _____

Office Name: _____ Office Phone #: _____

Office Email: _____

Patient Name: _____ Shade: _____

Today's Date: _____ **DUE DATE:** _____

*Delivered by 5 p.m. unless otherwise specified. Our standard turnaround time is two weeks.

FIXED

- ☐ ZirBrux Ultimate
  - ○ No Model
- ☐ e. max: Stump Shade _____
- ☐ e. max w/ Cut Back
- ☐ PFZ (Porcelain Fused to Zirconia)
- ☐ PFM
  - ○ High Noble (White)
  - ○ High Noble (Yellow)
  - ○ Noble (White)
  - ○ Semi Prec. (White)
- ☐ Full-Cast
  - ○ High Noble (White)
  - ○ High Noble (Yellow)
  - ○ Noble (White)
  - ○ Noble (Yellow)
- ☐ Wax Up _____
  - ○ Matrix For Temporary
- ☐ Fabricate Temporary

Doctor Preferences:

If Insufficient Room/Clearance:
- ○ Spot Opposing
- ○ Reduction Coping
- ○ Call Doctor

For Digital Impressions:
- ○ Printed Model
- ○ No Model

Occlusal Contact:
○ Heavy ○ Medium ○ Light

Interproximal Contact:
○ Heavy ○ Medium ○ Light

Pontic Design:

○ ○ ○ ○ ○

REMOVABLE

- ☐ Full Denture
  - ○ Upper ○ Lower
- ☐ Setup in Wax
- ☐ Wax Rim
- ☐ Custom Tray
- ☐ Immediate Denture
  - ○ Upper ○ Lower
- ☐ Split Setup
- ☐ Partial Denture
  - ○ Upper ○ Lower
  - ○ Metal Framework
  - ○ Flexible
  - ○ All Acrylic

  Clasps Type & Location
  - ○ Wrought Wire #_____
  - ○ Rouch Clasp #_____
  - ○ Ball Clasps #_____
- ☐ Essix Appliance
- ☐ Esthetic Control Base
- ☐ Reline
  - ○ Hard ○ Soft
- ☐ Repair _____

IMPLANT

Manufacturer: _____

_____

Type: _____

Size: _____

Abutment:
- ☐ Custom Abutment
- ☐ Ti Base
- ☐ Stock Abutment

Material:
- ☐ Gold Hue
- ☐ Zirconia
- ☐ Titanium

Restoration:
- ☐ Cement Retained
- ☐ Screw Retained
- ☐ Access Hole (Crown and abutment two pieces)

ORTHO/APPLIANCES

- ☐ Smile Shapers (Clear Aligners)
- ☐ Essix Retainer
- ☐ Hard Night Guard
- ☐ Soft Night Guard
- ☐ Hard/Soft Night Guard
- ☐ Thermo Form Night Guard
- ☐ Sports Guard
- ☐ Bleach Trays
- ☐ Bite-Raising Appliance

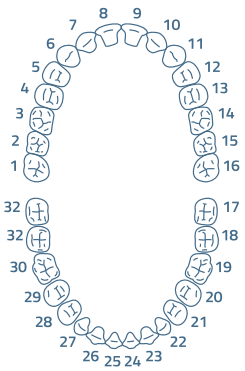
OTHER

Surgical Guides:
- ☐ Pro-Fit Pilot (1-4)
- ☐ Pro-Fit Fully Guided
- ☐ Thermo Form
- ☐ Case Planning

Hybrids:
- ☐ Request a Hybrid work up
- ☐ Request an Onsite Lab Tech

All On X:
- ☐ Traditional
- ☐ Cagenix
- ☐ Crystal Ultra
- ☐ Other _____
- ☐ # of Implants _____

Special Instructions/Comments:



Doctor Signature: _____ **License #** _____

*Doctor's signature approves work requested on this lab slip and agrees that payment will be made within 30 days. Doctor further agrees to pay 2% per month service charge on balances over 30 days and legal fees on collection, if necessary. This applies to past, present, and future balances.

FOR OFFICE USE ONLY

Item Checklist:

☐ Impression	☐ Model	☐ Facebow	☐ Shade Tab	☐ Wax Up	☐ Old Crown/Abutment
☐ Bite Tray	☐ Analog	☐ Jig	☐ Transfer Coping	☐ Provisionals	☐ Other:
☐ Pick-Up Impression	☐ Bite	☐ Stick Bite	☐ Photos	☐ Articulators	