

DENTAL PROSTHETICS

EXCELLENCE IN SERVICE AND VALUE SINCE 1969

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Doctor Name: _____


Office Name: _____ Office Phone #: _____

Office Email: _____

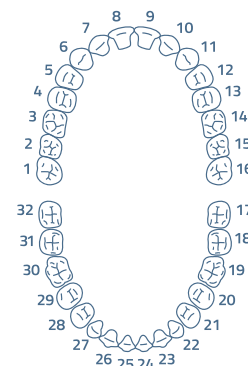
Patient Name: _____ Shade: _____

Today's Date: _____ DUE DATE: _____

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

CROWN & BRIDGE	REMOVABLE	ABUTMENT	ORTHO/APPLIANCES
<input type="checkbox"/> ZirBrux Ultimate <input type="radio"/> No Model <input type="checkbox"/> e. max: Stump Shade _____ <input type="checkbox"/> e. max w/ Cut Back <input type="checkbox"/> PFZ (Porcelain Fused to Zirconia) <input type="checkbox"/> PFM <input type="radio"/> High Noble (White) <input type="radio"/> High Noble (Yellow) <input type="radio"/> Noble (White) <input type="checkbox"/> Full-Cast <input type="radio"/> High Noble (White) <input type="radio"/> High Noble (Yellow) <input type="radio"/> Noble (White) <input type="radio"/> Noble (Yellow) <input type="checkbox"/> Wax Up _____ <input type="radio"/> Matrix For Temporary <input type="checkbox"/> Fabricate Temporary Doctor Preferences: If Insufficient Room/Clearance: <input type="radio"/> Spot Opposing <input type="radio"/> Reduction Coping <input type="radio"/> Call Doctor For Digital Impressions: <input type="radio"/> Printed Model <input type="radio"/> No Model Occlusal Contact: <input type="radio"/> Heavy <input type="radio"/> Medium <input type="radio"/> Light Interproximal Contact: <input type="radio"/> Heavy <input type="radio"/> Medium <input type="radio"/> Light Pontic Design: 	<input type="checkbox"/> Full Denture <input type="radio"/> Upper <input type="radio"/> Lower <input type="checkbox"/> Setup in Wax <input type="checkbox"/> Wax Rim <input type="checkbox"/> Custom Tray <input type="checkbox"/> Immediate Denture <input type="radio"/> Upper <input type="radio"/> Lower <input type="checkbox"/> Split Setup <input type="checkbox"/> Partial Denture <input type="radio"/> Upper <input type="radio"/> Lower <input type="radio"/> Metal Framework <input type="radio"/> Flexible <input type="radio"/> All Acrylic Clasps Type & Location <input type="radio"/> Wrought Wire # _____ <input type="radio"/> Rouch Clasp # _____ <input type="radio"/> Ball Clasps # _____ <input type="checkbox"/> Essix Appliance <input type="checkbox"/> Esthetic Control Base <input type="checkbox"/> Reline <input type="radio"/> Hard <input type="radio"/> Soft <input type="checkbox"/> Repair _____	Manufacturer: _____ _____ Type: _____ Size: _____ Abutment: <input type="checkbox"/> Custom Abutment <input type="radio"/> Atlantis <input type="radio"/> Argen <input type="radio"/> Other _____ <input type="checkbox"/> Ti Base <input type="checkbox"/> Stock Abutment Abutment Material: <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/> Gold Hue Restoration: <input type="checkbox"/> Cement Retained <input type="checkbox"/> Screw Retained <input type="checkbox"/> Access Hole (Crown and Abutment two pieces)	<input type="checkbox"/> Clear Aligners <input type="checkbox"/> Essix Retainer <input type="checkbox"/> Hard Night Guard <input type="checkbox"/> Soft Night Guard <input type="checkbox"/> Hard/Soft Night Guard <input type="checkbox"/> Thermo Form Night Guard <input type="checkbox"/> Sports Guard <input type="checkbox"/> Bleach Trays <input type="checkbox"/> Bite-Raising Appliance OTHER Surgical Guides: <input type="checkbox"/> Pro-Fit Pilot (1-4) <input type="checkbox"/> Pro-Fit Fully Guided <input type="checkbox"/> Thermo Form <input type="checkbox"/> Case Planning Hybrids: <input type="checkbox"/> Request a Hybrid work up <input type="checkbox"/> Request an Onsite Lab Tech All On X: <input type="checkbox"/> Traditional <input type="checkbox"/> Cagenix <input type="checkbox"/> Crystal Ultra <input type="checkbox"/> Other _____ <input type="checkbox"/> # 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:

- | | | | | | |
|---|---------------------------------|-------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Impression | <input type="checkbox"/> Model | <input type="checkbox"/> Facebow | <input type="checkbox"/> Shade Tab | <input type="checkbox"/> Wax Up | <input type="checkbox"/> Old Crown/Abutment |
| <input type="checkbox"/> Bite Tray | <input type="checkbox"/> Analog | <input type="checkbox"/> Jig | <input type="checkbox"/> Transfer Coping | <input type="checkbox"/> Provisionals | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Pick-Up Impression | <input type="checkbox"/> Bite | <input type="checkbox"/> Stick Bite | <input type="checkbox"/> Photos | <input type="checkbox"/> Articulators | |

- | | | | |
|-------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> No Collar | <input type="checkbox"/> Mini Collar | <input type="checkbox"/> Metal Margin | <input type="checkbox"/> Mini Collar |
| <input type="checkbox"/> Metal OCC. | <input type="checkbox"/> Metal OCC. | <input type="checkbox"/> Full Metal OCC. | <input type="checkbox"/> Metal OCC. |