



**www.confidentlabmn.com**  
MN License # DL55

6240 Hwy 65 NE, Ste 202  
Fridley, MN 55432  
Tel: 763-789-1121 Fax: 763-789-4761  
contact@confidentlabmn.com

**Doctor:**

for lab use only  
time in:  
  
disinfected:

**Patient Name:**

(Please Print Clearly) \_\_\_\_\_

**Confident delivery vehicles leave the lab at 9:00 AM and 2:00 PM.**

You can expect to receive your morning deliveries by 10:30 AM, and afternoon deliveries by 3:30 PM.

**CASE NEEDED BY: (Mark Date & Time in Boxes)**

	Mon.	Tue.	Wed.	Thu.	Fri.
<b>date</b>					
<b>time</b> AM/PM					

**FIXED RESTORATIONS** (Check all that apply)

	PFM	All Ceramic	Full Cast
NP		E.Max Press	NP
Semi-Precious		Lava Zirconia	Noble White
High Noble White		Full Contour Zirconia	Noble Yellow
High Noble Yellow		<input type="checkbox"/> Bio	High Noble Yellow
Captex		<input type="checkbox"/> BruxZir	

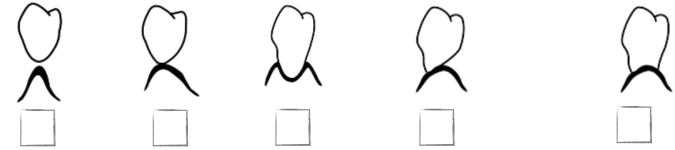
**SERVICE DESIRED**

<input type="checkbox"/> Bridge	<input type="checkbox"/> Single Unit Crown
<input type="checkbox"/> Splinted Crowns	<input type="checkbox"/> Post Core + Crown
<input type="checkbox"/> Post Core/ Crown One Piece	

**CROWN DESIGN**

Proximal Contact	Gingival Embrasure	Occlusal Contact
<input type="checkbox"/> Light	<input type="checkbox"/> Natural	<input type="checkbox"/> Light Contact
<input type="checkbox"/> Medium	<input type="checkbox"/> Close	<input type="checkbox"/> Out 0.5mm Clearance
<input type="checkbox"/> Heavy (Broad)	<input type="checkbox"/> Open	<input type="checkbox"/> Full Contact (Touch Opp)
	<input type="checkbox"/> Gum Tissue Model	

**PONTIAC DESIGN**



**LINGUAL/OCCUSAL DESIGN**

<input type="checkbox"/> Lingual Collar (0.5mm Height)
<input type="checkbox"/> Full Porcelain Coverage (No Visible Metal)
<input type="checkbox"/> Metal Lingual (Anterior Tooth)
<input type="checkbox"/> Metal Occlusal Excluding Occlusal Cusp (3/4 Metal Occlusal)
<input type="checkbox"/> Metal Occlusal Including Occlusal Cusp (Full Metal Occlusal)

**Enclosed w/Case:**  Impression  Model  Bite  Photo

**Rx SPECIFIC INSTRUCTIONS**

**Tooth #** \_\_\_\_\_ **Shade** \_\_\_\_\_ **Stain** \_\_\_\_\_

**Signature** \_\_\_\_\_ **D.D.S.**

**License #** \_\_\_\_\_ **Date** \_\_\_\_\_