

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.
date					
time (AM/PM)					

FIXED RESTORATIONS (Check all that apply)

PFM	All Ceramic	Full Cast
Non-Precious	e.max Pressed	Non-Precious
Semi-Precious	e.max Milled	Noble White
High Noble White	Lava All-Ceramic	Noble Yellow
High Noble Yellow	High Strength Zirconia	High Noble Yellow
Captek	High Esthetic Zirconia	
	Multilayer Zirconia	

SERVICE DESIRED (Check all that apply)

Crown	Bridge	Titanium Abutment
Splinted Crown	Veneer	Zirconia Abutment
Post Core + Crown	Inlay/Onlay	All-on-X

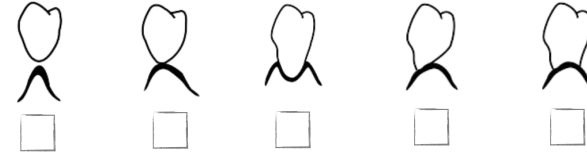
IMPLANT CROWNS (Choose One)

Screw-Retained	Cement-Retained
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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"/> Broad	<input type="checkbox"/> Open	<input type="checkbox"/> Full Contact (Touch Opp)

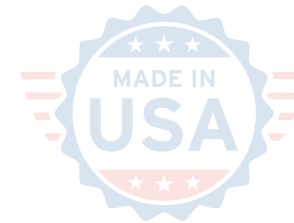
PONTIC DESIGN



LINGUAL/OCCLUSAL DESIGN

- ☐ Lingual Collar (0.5mm Height)
- ☐ Full Porcelain Coverage (No Visible Metal)
- ☐ Metal Lingual (Anterior Tooth)
- ☐ Metal Occlusal Excluding Buccal Cusp (3/4 Metal Occlusal)
- ☐ Metal Occlusal Including Buccal Cusp (Full Metal Occlusal)

Enclosed w/Case: ☐ Impression ☐ Model ☐ Bite ☐ Photo
Rx SPECIFIC INSTRUCTIONS ☐ Facebook Record



ALL RESTORATIONS FABRICATED IN MINNESOTA, USA

Tooth # _____ **Shade** _____ **Stain** _____
Signature _____ **D.D.S.**
License # _____ **Date** _____