

A Framework for Success

Required Information

Lab _____ Address _____
 Patient Name _____ City _____ State _____ Zip _____
 Today's Date _____ Phone Number _____
 Due Date (by 5:00 pm) _____ Signature _____

Case Materials Enclosed

Impressions Bite Registration Models Implant Parts

Supply Requests

Prescriptions Shipping Labels Boxes Other:

Partials & Frameworks

1 Select type: Framework Partial

 2 Select one: Cast* Flexible (TCS)
 Acrylic Combo

 3 * Select metal (if applicable):
 Nobileum Vitallium

 4 Select clasp(s):
 Metal Clasp Tooth # _____
 Flexible Clasp Tooth # _____
 Clear Flexible Clasp Tooth # _____

 5 Select stage:
 Frame and Set Up Frame
 Frame with Bite Rim Set-Up
 Complete (One Step) Process/Finish

Dentures

1 Select type: Full Immediate

 2 Select stage:
 Complete (One Step) Wax Bite Rim
 Set Up Process/Finish

Orthodontic Guards

1 Select type: Night Guard* Athletic

 2 * Select one (if applicable):
 Hard Hard/Soft Soft

Removable Extras

Custom Tray Rebase
 Hard Reline Soft Reline

Crown & Bridge

1 Select one: Crown Bridge
 Inlay/Onlay Veneer Coping

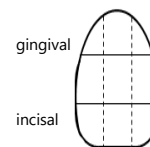
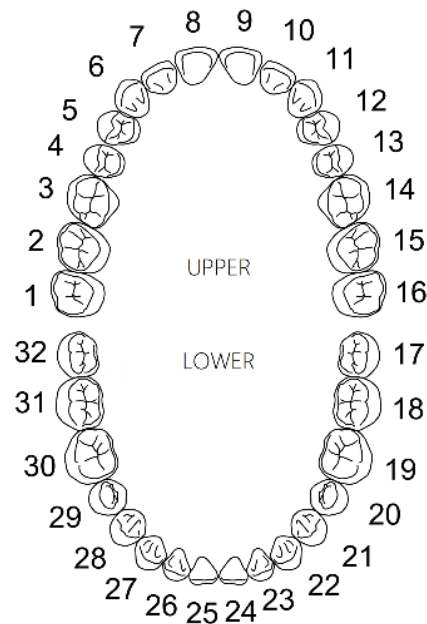
 2 Select type:
 Porcelain Fused Metal (PFM)*
 Full Cast*
 Full Contour Zirconia Layered Zirconia
 Emax CAD Emax Press Empress

 3 * Select alloy (if applicable):
 Non-Precious
 Semi-Precious
 Noble Yellow (not applicable for PFMs)
 White Gold (High Noble)
 Yellow Gold (High Noble)

 4 Implant (if applicable):
 Abutment: Stock Custom Supplied
 Size: _____
 Manufacturer: _____

Design & Instructions

Tooth #: _____ Shade: _____ Stump Shade: _____



- Tissue Shade:**
- Light Pink
 - Standard Pink
 - Light Meharry
 - Meharry