

A Framework for Success

Required Information

Lab _____
Patient Name _____
Today's Date _____
Due Date (by 5:00 pm) _____

Address _____
City _____ State _____ Zip _____
Phone Number _____
Signature _____

Case Materials Enclosed

Impressions Bite Registration Models Implant Parts

Supply Requests

Rx Forms Shipping Labels Boxes Other: _____

Partials & Frameworks

Select type: Framework
 Partial

Select one: Cast
 Flexible (TCS)
 Acrylic
 Flexible with Cast Frame

Select metal (if applicable):
 Chrome Cobalt Vitallium 2000 Plus

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

Dentures

Select type: Full
 Immediate

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

Orthodontic Guards

Select type: Night Guard* Athletic

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

Removable Extras

Custom Tray Rebase
 Hard Reline Soft Reline

Crown & Bridge

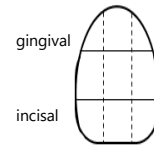
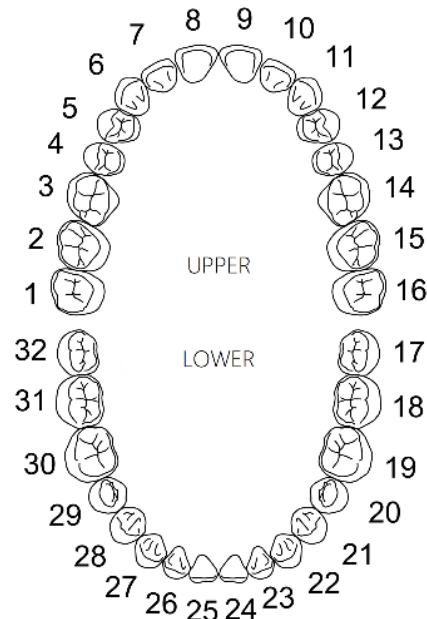
Select one: Crown Bridge
 Inlay/Onlay Veneer Coping

Select type:
 PFM (Non-Precious)
 PFM (Semi-Precious)
 Full Cast Crown*
*Select alloy (if applicable):
 Non-Precious
 Semi-Precious
 White Gold (High Noble)
 Yellow Gold (High Noble)
 Full Contour Zirconia
 Layered Zirconia (PFZ)
 Emax CAD Emax Press Empress

Implant (if applicable):
Abutment: Stock Custom Supplied
Retention: Screw Cement
Size: _____
Manufacturer: _____

Design & Instructions

Tooth #: _____ Shade: _____ Stump Shade: _____



Tissue Shade:
 Pink
 Light Pink
 Light Meharry
 Meharry

Remake: Yes No

Remake Reason: _____