

### 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

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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

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

### Orthodontic Guards

Select type:  Night Guard\*  Athletic

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

### Removable Extras

Custom Tray  Rebase  
 Hard Reline  Soft Reline

### Crown & Bridge

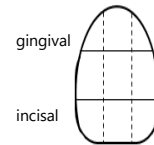
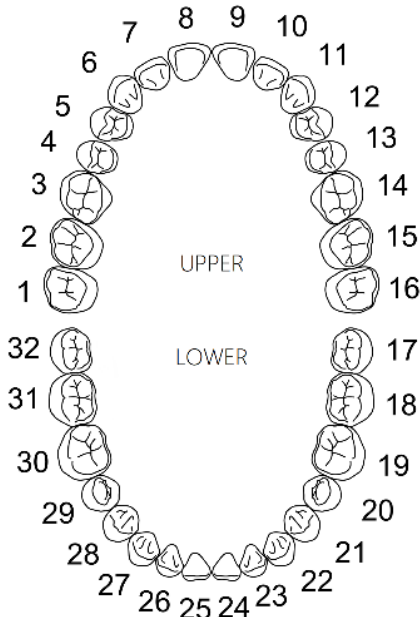
Select one:  Crown  Bridge  
 Inlay/Onlay  Veneer  Coping

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  
 Retainment:  Screw  Cement  
 Size: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

### Design & Instructions

Tooth #: \_\_\_\_\_ Shade: \_\_\_\_\_ Stump Shade: \_\_\_\_\_



Tissue Shade:  
 Pink  
 Light Pink  
 Light Meharry  
 Meharry

Remake:  Yes  No

Remake Reason: \_\_\_\_\_