

Dr. Name: _____ Practice Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Return Date: _____
 (Please refer to the return date calendar)

PATIENT: _____

Rx

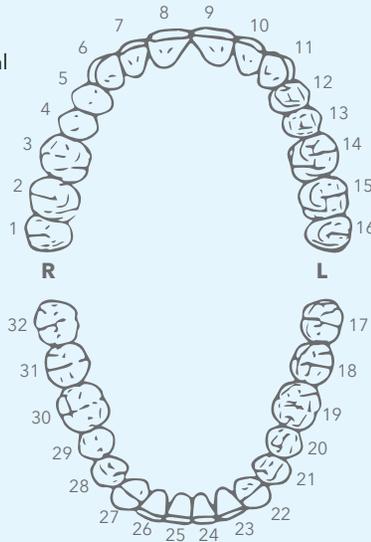
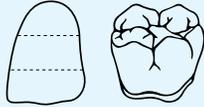
TRANSLUCENCY **SHADE:** _____

- Low
 Medium*
 High

Stump Shade: _____

FISSURE STAIN

- None*
 Light
 Normal



SIGNATURE: _____

LICENSE #: _____

- If no occlusal clearance:
 Adjust Opposing Metal Island
 Metal Occlusal Adjust Die

Porcelain Margin

- Mesio-Buccal Buccal/Facial 360°

Proximal Contact

- Normal Extended* Tight

Occlusal Contact

- Heavy Light* Open



Metal Design



Embrasure

- Normal Close*



Pontic Design



CROWN & BRIDGE

Full Milled Zirconia

- Modern FMZ
 Translucent Zirconia
 ZirNEER

Lithium Disilicate

- IPS e.max®
 IPS e.max® Veneers

Porcelain Fused To Metal

- Non-Precious (Cr-Co)
 Noble White (plus alloy)
 High Noble (plus alloy): White Yellow

Porcelain Fused To Zirconia

- Modern PFZ

Full Cast

- Non-Precious (Cr-Co)
 Noble Yellow (plus alloy)
 High Noble Yellow (plus alloy)

Other

- Acrylic Temporaries Composite

IMPLANTS

Platform Diameter & System

Implant Crown

- Cement-Retained Screw-Retained
 OEM Anodized

Abutment

- Stock Ti Abutment Ti-Base (TITANIUM BASE)

Custom Milled Abutment

- Zirconia Calypso™ Procera
 Atlantis™
 Titanium Modern Procera
 Atlantis™ Encode*
 Straumann™

Surgical Guides

- Pilot Fully Guided

Implant Extras

- Acrylic Surgical Stent

REMOVABLE RESTORATIONS

Full Denture

- Premium Standard
 Upper Lower Set-up Finish

Digital Denture

- Upper Lower
 Please contact us for a Digital Denture lab slip.

Partial Denture

- Premium Standard
 Upper Lower
 Cr-Co Ti Frame ReSure™
 Frame Try-in Teeth Try-in Finish

Flexible Partial Denture

- Upper Lower Set-up Finish

Flipper (Single Stage)

- Upper Lower

Removable Extras

- Custom Tray Bite Block Reline
 Clear Clasp White Clasp _____

Guards

- Upper* Lower
 Hard Acrylic Talon® (hard/soft) Elite Sport
 Erkoloc-Pro BPA-Free (hard/soft) Night Guard

Orthodontics

- Space Maintainer Hawley Retainer
 Study Model Other: _____

DENTAL SLEEP MEDICINE

The Moses

- Appliances**
 The Moses® The Moses® Elite

EMA*

- EMA* Max. Protrusive Range _____ mm

Bite Recommendations

EMA* - Centric bite with 6-10mm vertical opening

Respire*

Please contact us for a Respire lab slip.

* Protocol unless specified otherwise

FOR LAB USE ONLY:

- Triple Tray Single Tray Stone Model Bite Stick Bite Metal Frame
 Alginate Wax Rim Moses Bite Wax Try-in Other: _____

Notes and Enclosures: _____

