

REQUIRED INFORMATION

FOR LAB USE ONLY

Doctor Name _____
Practice Name _____
Patient Name _____
Date of Birth _____ Male Female
Prep Date: _____
Appointment: Date ____/____/____ Time _____ AM PM
Due Date: 10th day (Working day, Mon-Fri)

CROWN & BRIDGE

Tooth Number _____

Stage Splint Single

Bisque Bake Finish

ZIRCONIA/ ALL CERAMIC

- Full/ Zirconia Solid
- Layered Zirconia
- e.max (Staining)

METAL PFM

- Non-precious
- Semi-precious
- 40% Gold
- 75% Gold

FULL CAST

- Full Cast Non-precious
- Full Cast Semi-precious
- Full Cast 40% Gold
- Full Cast 75% Gold
- Post

C&B EXTRA

- Rest
- Wing
- Fit to Partial
- Diagnostic Wax-up
- Temporary Crown

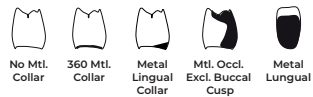
BUCCAL MARGIN

- Porcelain Margin
- 360° Porcelain Margin

DIE SPACER

- Double Triple

METAL DESIGN



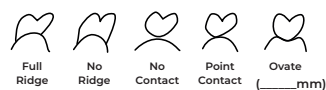
OCCUSAL

- Open Light Tight

IF INSUFFICIENT ROOM

- Adjust opposing/ Abutment
- Reduction Coping
- Metal Occlusal/ Lingual

PONTIC DESIGN



CONTACT

- Light
- Board
- Point
- Medium
- Heavy

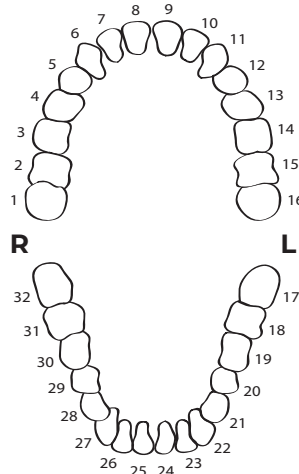
IMPLANTS

- Cement Type Screw Type (UCLA)
- Crown w/ access hole (Lab Cement Y / N)

Size: _____ Manufacturer: _____

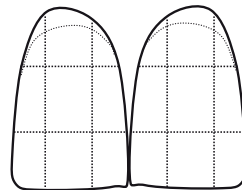
REDO REPAIR

RX SPECIFIC INSTRUCTION



Shade: _____

Stump Shade: _____



STAINING

- Light
- Medium
- Heavy
- None

TISSUE SHADE

- Pink
- Light Pink
- Ethnic

REMOVABLE

SELECT

- Full Denture Partial Unilateral Combo
- Flipper (1-2 Teeth, No Metal, No Clasp) Stay Plate

SELECT

- TCS Valplast Standard Lucitone 199

SELECT

- Cobalt Chrome Vitallium 2000 Mesh

SELECT STAGE

- Frame Try-in Complete (One Stage)
- Try-in w/ Teeth Try-in to Finish

IMMEDIATES

- Extract All
- Extract Tooth # _____

REPAIR

- Rebase Reline
- Add Tooth

REMOVABLE EXTRAS

- Base Plate & Bite Rim
- Bite Rim with Metal Frame
- Custom Tray
- Clasp

NIGHT GUARDS

- Hard
- Soft
- Hard/Soft

SPORTS GUARD

- Pro-Form Sports Guard

ADD NAME: _____

Dentist Signature _____ (Required)

Dentist License No. _____ (Required)

Request Supplies RX Forms FedEx Labels ACC Poly Bag

FOR LAB USE ONLY							RECEIVE DATE
Impression / Bite Registration	/	Crown / Bridge	/	Upper / Lower Model	/	Denture	
Master / Opposing Model	/	Abutment / Implant Parts	/	Bite Rim / Wax Try-in	/	Articulator	
Solid / Study Model	/	Gum Tissue		Metal Frame / Clasp	/	Picture / USB	

