

Doctor Name: _____ Phone #: _____

Email: _____

Patient Name: _____ Patient Age: _____ Gender: M F

Deliver case before appointment. Deliver case based on lab capacity.

Date: _____ by 5 P.M. (Patient will be appointed after receiving case)

Fixed

ZIRCONIA:

- Monolithic Zr
- Brux Zr
- High Translucency Zr
- Layered Zr
- IPS e.max®
- Full-Contour
- Layered Full Cast
- PMMA Provisional
- PFM

Removables

- Premium Denture
- Valplast® Flexible Partial
- Valplast® Cast Combo Partial
- Acrylic Partial
 - Acrylic Clasps
 - Wire Clasps
- Cast Partial
- Flexi Clasps

Hybrids/Implants

- Zirconia Hybrid Implant
- Stock Abutment
- Custom Titanium Abutment
- Custom Zirconia Abutment
- Screw-Retained PFM
- Screw-Retained Zirconia
- Screw-Mentable Zirconia

Preferences

Shade Instructions: _____

PFM/FULL CAST:

- Non-Precious
- White High Nobel
- Yellow High Nobel

DENTURES & PARTIALS:

- Upper Lower
- Custom Tray
- Occlusal Rims
- Try-In
- Finish

PONTIC DESIGN:

-  No Contact
-  Point Contact
-  No Ridge
-  Partial Ridge
-  Full Ridge
-  Ovate Design

OCCUSAL STAINING:

- None
- Light
- Medium
- Dark

OCCUSAL CONTACT:

- Out of Occlusion
- Light Occlusion
- Full Occlusion

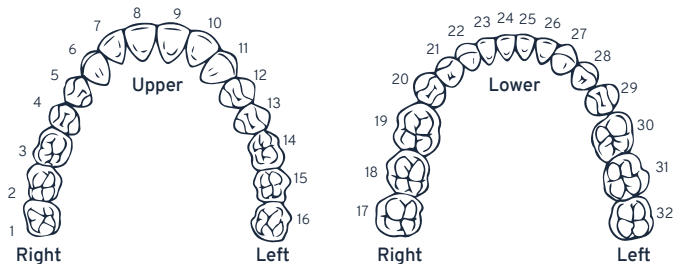
INTERPROXIMAL CONTACT:

- Light Contact
- Medium Contact
- Tight Contact

Need Supplies?

- Boxes
- Bio Bags
- Other _____
- UPS Shipping Labels
- RX Forms

Design



Instructions

Signature: _____

License #: _____ Date: _____