

DR/OFFICE NAME: _____ PATIENT'S NAME: _____

ADDRESS: _____

DUE DATE: _____ TODAY'S DATE: _____ PHONE #: _____

(Please Allow 8 Business Days + Pickup & Delivery From Today's Date)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	SINGLE	BRIDGE
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	FEMALE	MALE

PORCELAIN FUSED TO METAL (PFM)

- NON-PRECIOUS
- SEMI-PRECIOUS
- HIGH NOBLE

ZIRCONIA RESTORATION

- BruxZir POSTERIOR
- BruxZir ANTERIOR
- PORCELAIN FUSED TO ZIRCONIA (PFZ)
- BruxZir INLAY/ONLAY

ALL PORCELAIN RESTORATION

- IPS e.max CROWN
- IPS e.max VENEER
- IPS e.max INLAY/ONLAY

PROVISIONAL RESTORATION

- ACRYLIC TEMPS
- CAD/CAM TEMPS
- REINFORCEMENT:** WIRE
- ABUTMENT #:** _____
- PONTICS #:** _____ TOTAL UNITS: _____
- AMOUNT OF PREP REDUCTION:** 1m.m 2m.m

PREFERENCES

- OCCUSAL CONTACTS:** Light Medium Heavy
- INTERPROXIMAL CONTACTS:** Light Medium Heavy
- MARGINS:** Standard Metal Porcelain Disappearing

FOR RUSH CASES PLEASE CALL US AT: 800-400-9033
FOR BETTER RESULTS SEND PHOTOS TO: INFO@SMILEDENTALLAB.COM

IMPLANT RESTORATION

- BruxZir FULL ZIRCONIA
- PFM SEMI-PRECIOUS
- PORCELAIN FUSED TO ZIRCONIA (PFZ)
- IPS e.max
- PFM NON-PRECIOUS
- HIGH NOBLE
- IMPLANT ANALOG

CAD/CAM CUSTOM ABUTMENTS

- CUSTOM TITANIUM ABUTMENT
- CUSTOM ZIRCONIA ABUTMENT

ENCLOSED WITH CASE

- IMPRESSION
- MODELS
- BITE
- PHOTOS
- OTHER _____

REMOVABLES
 Upper Lower

- FULL DENTURE
- BITE BLOCK
- ACRYLIC PARTIAL
- CUSTOM TRAY
- FLEXI PARTIAL
- CAST METAL FRAMEWORK
- SET-UP TEETH TRY-IN
- RELINE
- PROCESS TO FINISH
- DENTURE REPAIR

FLIPPER/NESBIT
 Upper Lower

- TCS (FLEXI) NESBIT
- ACRYLIC FLIPPER
- TEETH #:** _____ (up to 3 Teeth)

NIGHTGUARD
 Upper Lower

- SOFT INSIDE
- HARD OUTSIDE
- ESSIX RETAINER
- BLEACHING TRAYS
- HARD
- SPORT GUARD
- SOFT

IF NOT ENOUGH OCCLUSAL CLEARANCE

- NOTIFY DOCTOR
- ADJUST OPPOSING & MARK IN RED
- MAKE METAL OCCLUSION
- ADJUST TOOTH & MAKE REDUCTION COPING

SPECIAL INSTRUCTIONS:

SHADE: _____

Gingival

Incisal

PINK
 LIGHT PINK
 MEHARRY

DR'S SIGNATURE: _____ LICENSE #: _____