

Patients Name: _____

Date _____

ID# _____
LAB USE

Restorations

- PFM®
- EMAX® full contour
- EMAX® layered
- Zirconia Full Contour
- Zirconia Layered

DR.:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

INDICATE BY X

- BOXES
- RX FORMS
- BAGS
- CONTACT DR.

UPPER

- Frame Only
- Frame & Set-up
- Frame & Bite Blocks
- Frame, Set-up & Finish
- Bite Rim
- Custom Tray
- Set-up/Try-In
- Set-Up/Finish
- Full Denture
 - Finish

ALL ACRYLIC/VALPLAST PARTIALS

- Valplast - No Metal
- Valplast/cast combo
- Acrylic Partial
 - Acrylic Clasps
 - Wire Clasps

LOWER

- Frame Only
- Frame & Set-up
- Frame & Bite Blocks
- Frame, Set-up & Finish
- Bite Rim
- Custom Tray
- Set-up/Try-In
- Set-Up/Finish
- Full Denture
 - Finish

ALL ACRYLIC/VALPLAST PARTIALS

- Valplast - No Metal
- Valplast/cast combo
- Acrylic Partial
 - Acrylic Clasps
 - Wire Clasps

SHADE _____

DUE DATE _____

Abutment

- Preparable Stock Abutment
- Custom Titanium Abutment
- Custom Zirconia Abutment
- Screw Retained PFM
- Screw Retained Zirconia

Special Instructions