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LAB. USE

Case No. _____

Pan No. _____

Lab Date _____

Dr. _____

Patient _____

Age _____ Gender M F Teeth Restored or Replaced _____

Prep Date: _____ Seat Date: _____ Seat Time: _____

TYPE OF RESTORATION

For all anterior cases please provide the following items and mark they have been sent

- Pre-Op Model Wax Presentation Model or Model of Temps Stick Bite Face Bow
 Measurement of Central Underlying Tooth Color (prep shade) Photos for Shade

ALL PORCELAIN VENEERS

- ___ IPS e.max
 ___ IPS Empress
 ___ Authentic
 ___ Refractory

FULL CROWN/BRIDGE

- ___ Lava™ Hand Stack
 ___ Lava™ CZR Press
 ___ Zirkonzahn Full Zirconia
 ___ Authentic
 ___ Empress
 ___ IPS e.max (Crown)
 ___ Porcelain Butt Margin

INLAY/ONLAY

- ___ IPS e.max
 ___ Lava™ CZR Press
 ___ Sinfony

SHADE

- Gingival Shade: _____
 Body Shade: _____
 Incisal Shade: _____
 Prepped Tooth Shade: _____
 (All-Porcelain & Lava™)

PORCELAIN TO METAL

- ___ Porcelain-to-metal
 ___ Porc. Butt Margin

ALLOYS-CERAMIC

- High Nobel Yellow Gold 89.5%
 High Nobel (High Nobel 62)
 Nobel
 Predominately Base (Tilite)

METAL DESIGN

- (Our standard is no collar)
 ___ No Collar
 ___ Small Lingual Collar
 ___ Small Lingual & Buccal Collar
 ___ Metal Lingual/Metal Occlusal

GOLD

- ___ Gold Crown
 ___ Gold Inlay/Onlay

ALLOYS FOR GOLD WORK

- High Nobel 60% Yellow Gold
 High Nobel White Gold
 High Nobel Inlay/Onlay 77%

PONTIC DESIGN

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Full Ridge | Partial Ridge | No Ridge | Point Contact | No Contact | Ovate |
| | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- None Slight
 Med. Heavy



Additional Instructions (over)

Instructions:

Please send: Rx Forms Mailing Boxes Mailing Labels Product Info on _____

Terms: Net 30 days. A 2% a month finance charge is added to all past due accounts. Accounts over 30 days past due will be placed on COD including outstanding balance due with shipment of case. Dentist will be responsible for all collection costs, including attorney's fee to collect past due balance. By signing below you are legally obligated to these terms.

Dentists Signature _____

License # _____