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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: _____

Restorations by Advanced Technical Department (L.V.I. and P.A.C.-live trained)

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 shape) Photos for Shade

ALL-CERAMIC/ZIRCONIA

Veneers

- ___ IPS e.max
- ___ GC Initial LiSi

Crown / Bridge

- ___ IPS e.max
- ___ GC Initial LiSi
- ___ PFZ Hand Stack
- ___ PFZ Press
- ___ Full Contour Zirconia - Monolithic Zirconia 1200-1300 MPA
- ___ BadAZ™ - Monolithic Zirconia High Translucency 700-800 MPA Single units & up to 3 unit anterior bridge

Inlay / Onlay

- ___ IPS e.max
- ___ GC Initial LiSi

Diagnostic / Temporary

- ___ Diagnostic Wax-up
- ___ Composite Temporary
- ___ PMMA Temporary

Dr. Request

- ___ Request Dr / Die Trim
- ___ Request Framework Try-in
- ___ Request Bisque Try-in

PORCELAIN TO METAL

- ___ Porcelain-to-metal
- ___ Porcelain Butt Margin

Alloys for Ceramic

- ___ High Nobel Yellow Gold 89.5%
- ___ High Nobel White Gold
- ___ Predominately Base

Metal Design

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

Goal of Final Case

- ___ Close Diastema
- ___ "Youthenize" Smile
- ___ Change Shape (Duplicate Temp Shape)
- ___ Move Midline
- ___ Feminize Smile
- ___ Change Shade
- ___ Lengthen Teeth
- ___ Eliminate Crossbite
- ___ Widen Buccal Corridor

GOLD

- ___ Gold Crown
- ___ Gold Inlay/Onlay

Alloys for Full Gold

- ___ High Nobel Yellow Gold 89.5%
- ___ High Nobel 60% Gold
- ___ High Nobel White Gold
- ___ High Nobel Inlay/Onlay 77%
- ___ Nobel Y+Yellow/Rose Gold

Ridge Relief

- None Slight
- Med. Heavy

Pontic Design



If Insufficient Room

- ___ Reduce Opposing & Mark
- ___ Reduce Prep & Make Reduction Coping

Gingival Shade _____

Body Shade _____

Incisal Shade _____

Prepped Tooth Shade _____

(All-Porcelain & Lava)

Occlusal Stain: ___ None ___ Light ___ Medium ___ Dark

Incisal Translucency: ___ None ___ Minimal (0.5) ___ Moderate(1.0) ___ Maximum(1.5)

Shade of Translucency: ___ Clear (Blue) ___ Smoke (Grey) ___ Frosted (Chalky White) ___ Amber (Orange)

Surface Texture: ___ Heavy ___ Medium ___ Light ___ Smooth (No surface texture)

SPECIFIC INSTRUCTIONS: ___ Please call me ___ Please evaluate my preps & impressions
___ Please send me a card to evaluate the technicians completed work

For Diagnostic Wax Presentation Cases please mark which items you wish to receive

- ___ Temporary Siltech Matrix (no charge) ___ Facial/Palatal Reduction Matrix (no charge)
- ___ \$ Temporary Clear Bite Matrix ___ \$ Stone Reduction Model ___ \$ Clear Suckdown Plastic Stint

(All Single Centrals Send Photos)



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 # _____

White Copy-Lab Yellow Copy-Dentist

L-0610