

Doctor Name _____ Phone # _____ Today's Date ____/____/____ Due Date ____/____/____ Patient Gender _____

Address _____ Patient Name _____ Patient Age _____

Please make sure the due date is 1-2 days before the patient's appointment date.

Lithium Disilicate

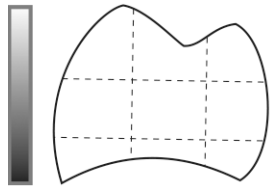
- ☐ Crown
- ☐ Veneer
- ☐ Layered
- ☐ Inlay/Onlay

3D Printed Model

- ☐ 3-Unit Check Model
- ☐ Quad (Top & Bottom)
- ☐ Full (Top & Bottom)

Occl. Contact

- ☐ Light
- ☐ Medium
- ☐ Heavy



Zirconia

- ☐ FCC
- ☐ Anterior UHT (Ultra High Trans.)
- ☐ High Strength
- ☐ Layered Zirconia
- ☐ Inlay/Onlay
- ☐ Sleeve
- ☐ Facial Veneer

Contact

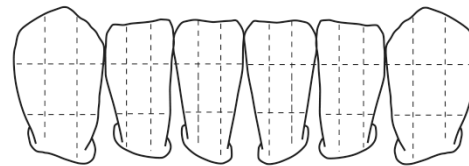
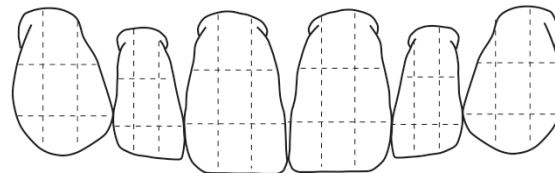
- ☐ Light
- ☐ Medium
- ☐ Heavy

Shade # _____

- ☐ Final Crown
- ☐ Framework Try-In
- ☐ Tooth # _____

Implant Crown

- ☐ Ceramic
- ☐ Zirconia
- ☐ Screw Retain
- ☐ Cement Retain



Abutments & Bars

- ☐ Titanium Abutment
- ☐ Hybrid Abutment
- ☐ Hader Bar
- ☐ Pink Gingival Porc.
- ☐ Follow Tissue Contour

Please Send

- ☐ RX Forms
- ☐ Boxes
- ☐ UPS Labels

Enclosed W/Case

- ☐ Impression
- ☐ Models
- ☐ Bite
- ☐ Photos
- ☐ Implant Parts

RX Notes _____

Doctor Signature _____

DDS License # _____

Signature is acceptant of sole responsibility for payment and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees. Our lab requires that each case be accompanied by a lab slip. This is considered a binding work order and is subject to all stated terms and conditions.

Crown Design



Pontic Design

