

Patients Name: _____

Date: _____

ID# _____ LAB USE

RESTORATIONS

- PFM®
- EMAX® Full Contour
- EMAX® Layered
- Zirconia Full Contour
- Zirconia Layered

DR.:

ADDRESS:

PHONE #:

EMAIL:

INDICATE BY X:

- BOXES**
- RX FORMS**
- BAGS**
- CONTRACT 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