DENTAL LABORATORY

SMILE

WE ACCEPT ALL DIGITAL SCANS

Rx

DR/OFFICE NAME: _____ PATIENT'S NAME: _____

ADDRESS: _____

DUE DATE: _____ TODAY'S DATE: _____ PHONE #: _____

(Please Allow 8 Business Days + Pickup & Delivery From Today's Date)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	SINGLE	BRIDGE
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	FEMALE	MALE

PORCELAIN FUSED TO METAL (PFM)

- ☐ NON-PRECIOUS
- ☐ SEMI-PRECIOUS
- ☐ HIGH NOBLE

ZIRCONIA RESTORATION

- ☐ Solid zirconia POSTERIOR
- ☐ Solid zirconia ANTERIOR
- ☐ Solid zirconia FUSED TO ZIRCONIA (PFZ)
- ☐ Solid zirconia INLAY/ONLAY

ALL PORCELAIN RESTORATION

- ☐ IPS e.max CROWN
- ☐ IPS e.max VENEER
- ☐ IPS e.max INLAY/ONLAY

PROVISIONAL RESTORATION

- ☐ ACRYLIC TEMPS ☐ CAD/CAM TEMPS
- **REINFORCEMENT :** ☐ WIRE
- **ABUTMENT #:** _____
- **PONTICS #:** _____ TOTAL UNITS: _____
- **AMOUNT OF PREP REDUCTION:** ☐ 1m.m ☐ 2m.m

PREFERENCES

- **OCCLUSAL CONTACTS:** ☐ Light ☐ Medium ☐ Heavy
- **INTERPROXIMAL CONTACTS:** ☐ Light ☐ Medium ☐ Heavy
- **MARGINS:** ☐ Standard ☐ Metal ☐ Porcelain ☐ Disappearing

IMPLANT RESTORATION

☐ Cemented ☐ Screwed

- ☐ FULL ZIRCONIA
- ☐ PORCELAIN FUSED TO ZIRCONIA (PFZ)
- ☐ PFM NON-PRECIOUS
- ☐ PFM SEMI-PRECIOUS
- ☐ IPS e.max
- ☐ HIGH NOBLE
- ☐ IMPLANT ANALOG

CAD/CAM CUSTOM ABUTMENTS

- ☐ CUSTOM TITANIUM ABUTMENT
- ☐ CUSTOM ZIRCONIA ABUTMENT

ENCLOSED WITH CASE

- ☐ IMPRESSION ☐ MODELS
- ☐ BITE ☐ PHOTOS
- ☐ OTHER _____

REMOVABLES

☐ Upper ☐ Lower

- ☐ FULL DENTURE
- ☐ ACRYLIC PARTIAL
- ☐ FLEXI PARTIAL
- ☐ SET-UP TEETH TRY-IN
- ☐ PROCESS TO FINISH
- ☐ BITE BLOCK
- ☐ CUSTOM TRAY
- ☐ CAST METAL FRAMEWORK
- ☐ RELINE
- ☐ DENTURE REPAIR

FLIPPER/NESBIT

☐ Upper ☐ Lower

- ☐ TCS (FLEXI) NESBIT
- ☐ ACRYLIC FLIPPER

TEETH #: _____ (up to 3 Teeth)

NIGHTGUARD

☐ Upper ☐ Lower

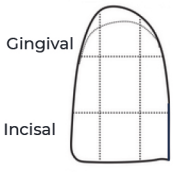
- ☐ SOFT INSIDE HARD OUTSIDE
- ☐ HARD
- ☐ SOFT
- ☐ ESSIX RETAINER
- ☐ BLEACHING TRAYS
- ☐ SPORT GUARD

IF NOT ENOUGH OCCLUSAL CLEARANCE

- ☐ NOTIFY DOCTOR
- ☐ MAKE METAL OCCLUSION
- ☐ ADJUST OPPOSING & MARK IN RED
- ☐ ADJUST TOOTH & MAKE REDUCTION COPING

SPECIAL INSTRUCTIONS:

SHADE: _____



- ☐ PINK
- ☐ LIGHT PINK
- ☐ MEHARRY

FOR RUSH CASES
PLEASE CALL US AT:
800-400-9033

FOR BETTER RESULTS
SEND PHOTOS TO:
INFO@SMILEDENTALLAB.COM

DR'S SIGNATURE: _____ **LICENSE #:** _____