

Lab: _____ Date: _____

Lab: _____ Date: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

City: _____ State: _____ Zip: _____ Phone: _____

ZIRCONIA

- Maryland Bridge
 Inlay/Onlay Bridge

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- Maryland Bridge
 Inlay/Onlay Bridge

LAVA *All Ceramic - Crown & Bridge Copings*

Thickness: _____ **Doctor Zip Code:** _____ (3M Required)
 .5mm (recommended)
 Other _____ (.4mm-2.0mm)

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Core Support: _____ **Shade:** _____
 Mesial Distal Occlusal Buccal/Facial

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Ceramic Application:
 Stacked Porcelain Pressed Ceramic

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 Stacked Porcelain Pressed Ceramic

ZENO *CAD-CAM - Copings & Bridges*

- Zirconium Oxide Base Alloy-CrCo
 Resin Titanium

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EVEREST *CAD-CAM - Copings & Bridges*

- Zirconium Oxide Leucite-reinforced ceramic Base Alloy-CrCo
 e-max (Blue) Titanium Resin

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PROCERA **Shade:** _____

Coping: _____ **Abutment:** _____ **Implant Brand:** _____
 .6mm All Zircon Titanium
 .6mm Original Alumina
 .4mm White Zirconia
 .4mm Translucent

Platform Size: _____

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Coping: _____ **Abutment:** _____ **Implant Brand:** _____
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 .6mm Original Alumina
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Platform Size: _____

CAPTEK *Porcelain to Yellow Gold-HN*

Thickness:
 Coping Facial Band
 Bridge or Splinted Porcelain Butt Margin

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Thickness:
 Coping Facial Band
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INCERAM **Type:** Alumina **Shade:** _____

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Composites *Crown & Bridge or Inlay/Onlay*

- Sinfony Belleglass
 Cristobal + Use Vectris Reinforcement

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- Sinfony Belleglass
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Materials

Porcelains: I need individual porcelain for case **Shade:** _____
 Liner Enamel Translucency
 Dentin Shoulder Translucency-opal

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 Liner Enamel Translucency
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Educational: Educational Literature **Forms & mail:** RX Forms
 Course Information Mailing Boxes
 Firing Charts Overnight Air Packs

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Shipping & Payment:

Return Date: _____

Check Enclosed Check# _____ AMOUNT \$ _____
 Card on file
 New Credit Card Card# _____ EXP _____
Signature _____

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Return Date: _____

Check Enclosed Check# _____ AMOUNT \$ _____
 Card on file
 New Credit Card Card# _____ EXP _____
Signature _____

Patient Name/ ID Number: (Required)

Tooth Number(s):

Notes/Special Instructions:

Pan # _____
Enclosed with Case
 Opposing Model Bite
 Working Model Die
 Study Models Impression
No. of units _____

Signature: _____ **Date:** _____

I verify that a signed prescription from a licensed dentist is on file for this restoration

Patient Name/ ID Number: (Required)

Tooth Number(s):

Notes/Special Instructions:

Pan # _____
Enclosed with Case
 Opposing Model Bite
 Working Model Die
 Study Models Impression
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