

REQUIRED INFORMATION

Your Lab Name _____

ORDER DATE: _____

LAB DUE DATE: _____

Patient's Name/PAN #: _____

1 Connelly Rd P.O. Box 506 Emigsville, PA 17318
Phone: 888-776-5229 Fax: 717-356-2525

CROWN & BRIDGE

ALL-CERAMIC

- Full/Solid Zirconia
- Anterior HT Zirconia
- Layered Zirconia
- Empress
- Crown
- Bridge
- Inlay/Onlay
- Veneer

PMMA TEMPORARY

IMPLANT

- Cement Retained
- Screw-Retained
- Custom Ti Abutment
- Custom Hybrid Abutment

PFM

- Non-Precious
- Semi-Precious (Metal Extra)
- High-Noble (Metal Extra)
- Maryland Bridge (NP)

FULL CAST

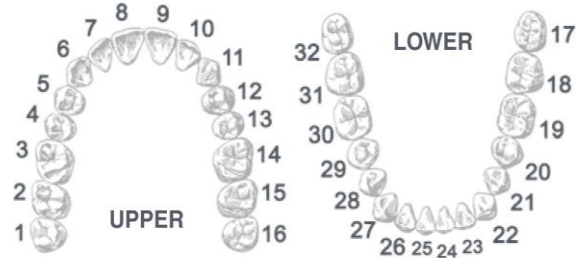
- Non-Precious
- Semi-Precious (Metal Extra)
- High-Noble (Metal Extra)

Noble

- 40% Gold (Yellow)
- 2% (Y+) Yellow
- 2% (W+) White
- High Noble (Yellow)
 - 58%
 - 74.5%

Tooth #: _____
Shade: _____
Shade Guide: _____
Stump Shade: _____

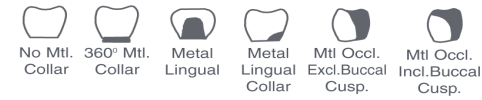
CIRCLE TEETH/ARCH(S)



C&B SPECIFICATIONS

- Metal Margin on Buccal (mm)
- Metal-Porcelain Junction Margin
- 180° Porcelain Butt Margin
- 360° Porcelain Butt Margin
- MODELESS

METAL DESIGN



PONTIC DESIGN



REMOVABLE PROSTHETICS

PARTIALS WITH FRAMES

- CoCr
- Vitallium

- FRAME ONLY
- FRAME BITE BLOCK/RIM
- FRAME W/TEETH SET UP
- FRAME/SETUP/FINISH
- RESET TEETH ONLY
- PROCESSING

TYPE OF ACRYLIC

- CONVENTIONAL
- LUCITONE 199
- VALPLAST
- TCS

FULL DENTURES

- SET TEETH TRYIN
- PROCESSING
- SET TEETH & PROCESS

MODELESS

OTHER

- OCCLUSAL SPLINT(2918)
- SURGICAL STENT(2919)
- BLEACHING TRAY(2923)
- CUSTOM IMPRESSION TRAY(2924)
- DUPLICATE MODEL(2935)
- RESET TEETH
- REBASE/RELIN(2914)
- NESBIT DIRECT FINISH(2131)
- ACRYLIC FLIPPER(2171)
- SPACE MAINTAINER(2909)
- BASE PLATE/BITE RIM(2911)
- NIGHT GUARD SOFT(2921)
- NIGHT GUARD HARD(2922)

PARTIALS ALL ACRYLIC

- TEETH SET UP FINISH ALL ACRYLIC
- WAX TRY-IN ALL ACRYLIC
- PROCESSING ALL ACRYLIC
- ADD TOOTH ALL ACRYLIC
- RESET TEETH ALL ACRYLIC

- ADD TOOTH(2916)

- ADD WIRE CLASP

- ADD CAST CLASP

- VALPLAST CLASP

- CLEAR CLASP

FRAMEWORK DESIGN

- LAB TO DESIGN
- SEE DRAWING ON RX
- SEE DRAWING ON CAST
- MESIAL REST(S) ON _____
- DISTAL REST(S) ON _____
- CINGULUM REST(S) ON _____

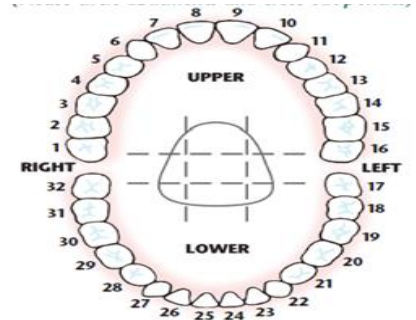
IMMEDIATE DENTURES

(Extract All Teeth)

- IMMEDIATE TEETH SET UP FINISH
- IMMEDIATE WAX TRY-IN

TYPE OF ACRYLIC

- CONVENTIONAL
- LUCITONE 199



TOOTH SHADE _____

ACRYLIC SHADE _____

OTHER SPECIAL INSTRUCTIONS

REMAKE INFORMATION

(Please complete this section if returning this case for a remake)

Customer Original Pan # _____ PLS Original RX # _____

Reason for Remake _____

Items being Returned

- Original Prosthesis (Partial, Bite, Etc.)
- Original Model
- Original Die
- Original PLS RX
- Old Impression
- New Impression
- Study Model