

Office Use Only

	DENTAL LABORATORI			
209 29th	Street NE • Cedar Rapids, Iowa 52402 • 319-298-9800			
DOCTOR:	PHONE:			
PATIENT:				
DATE SENT:	WANTED:			
☐ PLEASE CALL DOCTOR BEF	ORE STARTINGTHIS CASE			
	SHADE INSTRUCTIONS			
SHADE #:	00000			
OCCLUSAL STAINING	□ NONE □ LIGHT □ MEDIUM □ HEAVY			
SURFACE TEXTURE	☐ SM00TH ☐ MODERATE ☐ HEAVY			
LUSTER	☐ SHINY ☐ MODERATE ☐ DULL			
PORCELAII	N VENEERS Please Provide the Following Information:			
PURPOSE OF VENEE	CHANGE COLOR CORRECT MALALIGNMENT CLOSE SPACE INCREASE LENGTH MM SHADE OF PREPARED TEETH			
	SPECIFIC INSTRUCTIONS			
TOOTH NUMBER				
ENCLOSED WITH CASE Imp Bite Models Photos Other:				

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PRODUCT SELECTION CASE SPECIFICATIONS

THODOOT OLLLOTTON	OAGE OF EGILIOATIONS		
ZIRCONIA	BUCCAL MARGIN DESIGN		
☐ ZR32 ZIRCONIA (FULL CONTOUR ZIRCONIA) ☐ ZR32 ZIRCONIA (LAYERED)	☐ HAIRLINE ORMM ON BUCCAL ☐ METAL JUNCTION MARGIN*		
ALL-CERAMIC	□ PORCELAIN BUTT MARGIN (90° SHOULDER REG.) * Standard unless specified otherwise		
☐ IPS E.MAX® PRESS	METAL DESIGN		
☐ IPS EMPRESS® ESTHETIC ☐ FELDSPATHIC VENEERS	COPING WITH FULL PORCELAIN COVERAGE		
PFM ALLOYS	METAL CODING WITH		
□ NON-PRECIOUS	PORCELAIN COVERAGE*		
☐ SEMI-PRECIOUS (WHITE) ☐ SEMI-PRECIOUS (FLAT RATE \$149)	☐ ☐ METAL OCCLUSAL EXCLUDING BUCCAL CUSP		
☐ HIGH NOBLE (<i>GOLD</i>)	METAL OCCLUSAL INCLUDING		
FULL CAST ALLOYS	BUCCAL CUSP * Standard unless specified otherwise		
☐ SEMI-PRECIOUS (WHITE)			
□ 52% GOLD	PONTIC DESIGN		
☐ 62% GOLD	\bigcirc		
☐ ECONOMY NOBLE METAL	XXXX		
CERAMAGE ZIRCONIA SILICA	* Standard unless specified otherwise		
☐ INLAY, ONLAY	STAGES		
□ PINK GUM	□ MTI/COPING		
IMPLANTS	☐ BISQUE BAKE		
☐ STUDIO IMPLANT ABUTMENT	☐ GLAZED POLISH		
☐ ATLANTIS® CUSTOM ABUTMENT			
□ STRAUMANN ETKON CUSTOM ABUTMENT	IF NO OCCLUSAL CLEARANCE		
☐ PARTS SUPPLIED by DOCTOR	☐ METAL OCCLUSAL		
IMPLANT SYSTEM:	☐ REDUCTION COPING		
MANUFACTURER:	☐ SPOT OPPOSING		
☐ CUSTOM ☐ STOCK SIZES:	* Would you like this to be a permanent note in		
Specify implant brand, system and diameter on Rx	your master file 🗆 YES 🗆 NO		
NOTE: PLEASE SEND A STUDY MODEL O	N ALL WORKING INVOLVING ANTERIOR TEETH		

NOTE. PLEASE SEND A STODY MODEL ON ALL WORKING INVOLVING ANTERIOR TEETIN

(Cost of Collection of any Account will be paid by the Customer)

Signature:	D.D.S. License	e#

 \square Please send more Rx Forms \square Send more boxes \square Other