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 www.dentalcrafters.net

DATE NEEDED _____	Lab Use Only
TIME _____	PAN # _____

Lab Use Only

PATIENT NAME _____

MALE FEMALE AGE _____

DOCTOR _____

ADDRESS _____

CITY, STATE, ZIP _____

Lab Use Only
 CALLED DOCTOR _____
 (Initial)

INSTRUCTIONS

SPECIALTY PRODUCTS

<p>Porcelain to Metal</p> <p><input type="checkbox"/> Premium - Low Abrasion, 7 Powder Build Up</p> <p><input type="checkbox"/> Standard - 3 Powder Build Up</p> <p><input type="checkbox"/> Metal Try In</p> <p><input type="checkbox"/> Bisque Bake Try In</p> <p>Cad Cam Milled</p> <p><input type="checkbox"/> Lava - Zirconia</p> <p><input type="checkbox"/> Procera</p> <p><input type="checkbox"/> Zirconia <input type="checkbox"/> Alumina</p> <p>Diagnostic Wax Up</p> <p><input type="checkbox"/> White Wax Up</p> <p><input type="checkbox"/> Siltec Reduction Guide</p> <p><input type="checkbox"/> Temporary Stint</p> <p>Implants</p> <p><input type="checkbox"/> Custom - UCLA</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Ceramic - Zirconia</p> <p><input type="checkbox"/> Diag. Placement Stint</p> <p><input type="checkbox"/> Please Send Torque Wrench</p>	<p>Pressed Ceramics</p> <p><input type="checkbox"/> IPS Empress I</p> <p><input type="checkbox"/> Crown</p> <p><input type="checkbox"/> Veneer</p> <p><input type="checkbox"/> Inlay/Onlay</p> <p><input type="checkbox"/> IPS Empress Esthetic</p> <p><input type="checkbox"/> Crown</p> <p><input type="checkbox"/> Veneer</p> <p><input type="checkbox"/> IPS Empress II</p> <p><input type="checkbox"/> Crown</p> <p><input type="checkbox"/> Bridge</p> <p>Hybrid Composite</p> <p><input type="checkbox"/> Sinfony</p> <p><input type="checkbox"/> Crown</p> <p><input type="checkbox"/> Veneer</p> <p><input type="checkbox"/> Reinforced Maryland Bridge</p> <p><input type="checkbox"/> Inlay/Onlay</p> <p>Porcelain</p> <p><input type="checkbox"/> Porcelain Facing / Powder Build Up</p> <p><input type="checkbox"/> Porcelain Jacket Crown / Powder Build Up</p> <p>Cement Kit Rental</p> <p><input type="checkbox"/> Resin Veneer Bonding Kit (Veneers Only)</p> <p><input type="checkbox"/> Dual Cure Resin Bonding Kit (Crowns/Veneers)</p>
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ALLOY SELECTION

Ceramic to Metal

High Noble Gold High Noble White Gold

Noble White Palladium Non-Precious

Full Cast

High Noble Gold Noble Silver Noble Gold Colored

Non-Precious

LINGUAL DESIGN



FACIAL DESIGN

Metal

Show No Metal

Porcelain Butt

SHADE

Gingival _____

Body _____

Incisal _____

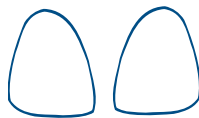
STUMPF SHADE

All Ceramic Cases



Digital Photos Enclosed

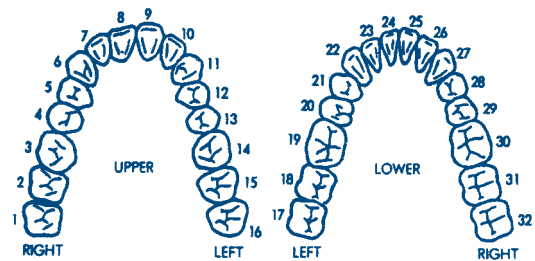
CHARACTERIZATION



PONTIC RIDGE RELIEF

None Slight Medium Heavy

PONTIC DESIGN



CIRCLE FOR: BOXES LABELS
 RX FORMS: DENTURES / CROWN & BRIDGE

Signature _____

License No. _____

TERMS: Net fifteenth of the month following date of statement. Invoices 30 days or more past due will be subject to a finance charge of one and one-half (1.50%) per month. This is an annual percentage rate of 18%. All charges over 60 days will be sent C.O.D. DC-101