



MUST SELECT YOUR LAB OF CHOICE

DOCTOR _____
LAST FIRST

ADDRESS _____

CITY _____

PHONE _____

PAN #

PATIENT NAME	SHADE	SENT DATE	DUE DATE
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- Porcelain to Metal Preference**
- Non-Precious
 - Noble
 - High Noble White

- Metal Free Restorations**
- Lithium Disilicate
 - Veneered Zirconia Crown
 - Full Zirconia Crown (ODZ)
 - Anterior Zirconia (Ultra)

- Full Metal Restorations**
- Non Precious
 - Noble White
 - Noble Yellow
 - High Noble Yellow

- Metal Collars**
- Lingual
 - Mesial
 - Distal
 - Buccal
 - Porcelain Shoulder

- Dentures**
- Arch Upper Lower
- Base Plate & Rims
 - Denture - Set-up
 - Denture - Finish
 - Denture - Set-up & Finish
 - Denture - ID
 - Flipper - Set & Finish
 - Reline
 - Repair

- Ortho Appliances**
- Clear Retainer
 - Essix Retainer
- Occlusal Guards**
- Vacuum
 - Processed
- Material**
- Hard
 - Hard/Soft
 - Soft

- Partials**
- Arch Upper Lower
- Bite Blocks
 - Partial Frame
 - Partial - Set-up
 - Partial - Finish
 - Partial - Complete
- TCS Flexible Partials**
- TCS - Set-up
 - TCS - Finish
 - TCS - Complete

- Tissue Base Shade**
- Light Pink
 - Pink
 - Light MEH
 - Medium MEH
 - Dark MEH
- Digital (Circle):**
- OR LT LRP
 DRP OO

Please send: RX Boxes

Dr. Signature _____ D.D.S. License # _____

Client agrees to all terms and conditions as specified on reverse of form.