

Lab: _____ Date: _____

Address: _____

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

☐ **ZIRCONIA**

☐ Maryland Bridge ☐ Inlay/Onlay Bridge

☐ **LAVA CAD/CAM - Copings & Bridges**

Shade: _____

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

Core support: ☐ Mesial ☐ Distal
☐ Occlusal ☐ Buccal/Facial

Shade: _____

Ceramic Application: ☐ Stacked Porcelain ☐ Pressed Ceramic

☐ **Prismatik CZ CAD/CAM - Copings & Bridges**

☐ Zirconium Oxide

Shade: _____

☐ **ZENO CAD/CAM - Copings & Bridges**

☐ Zirconium Oxide ☐ Resin

Shade: _____

☐ **EVEREST CAD/CAM - Copings & Bridges**

☐ Zirconium Oxide ☐ Lithium Disilicate ☐ Titanium

☐ **e.max CAD/CAM - Copings & Bridges**

Shade: _____

☐ ZirCAD ☐ CAD (Blue)

Shade: _____

☐ **CAD/CAM Custom Abutments**

☐ Zirconia ☐ Titanium

Implant Brand

Platform Size

☐ **PROCERA CAD/CAM - Copings & Bridges**

☐ .6mm Zirconia ☐ .6mm Alumina ☐ .4mm White ☐ .4mm Translucent
Bridge: ☐ Zirconia ☐ Zirconia
Implant Bridge: ☐ Zirconia

Implant Brand

Platform Size

☐ **CAPTEK Porcelain to Yellow Gold-HN**

Thickness: ☐ Coping ☐ Facial Band
☐ Bridge or Splinted ☐ Porcelain Butt Margin

☐ **Full Contour Wax Pattern** with coping purchase

☐ **ClearSplint Nightguard**

☐ **Materials**

Porcelains: ☐ I need individual porcelain for case
☐ Liner ☐ Enamel ☐ Translucency
☐ Dentin ☐ Shoulder ☐ Translucency-opal

Educational: ☐ Educational Literature ☐ Course Information ☐ Firing Charts
Forms & mail: ☐ RX Forms ☐ Mailing Boxes ☐ Overnight Air Packs

Shipping & Payment:

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

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