

PLEASE SEND

- Rx's Forms
- FedEx Airbills
- Boxes

FOR LAB USE

DOCTOR _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

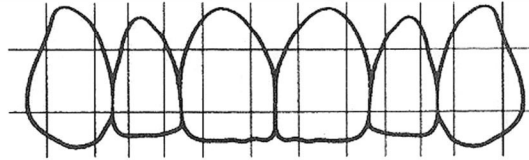
PATIENT NAME _____ MALE FEMALE AGE _____

SHIPPING DATE TO LABORATORY _____

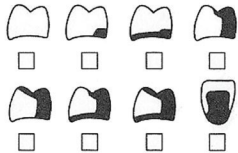
DOCTOR DUE DATE _____ URGENT

SHADE

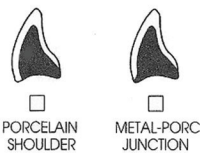
PREPS **DESIRED**



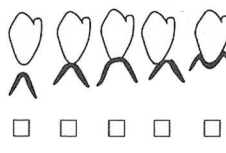
METAL DESIGN



FACIAL MARGIN DESIGN



PONTICS



SURFACE ANATOMY

- SMOOTH
- MODERATE
- HEAVY

CONTACT

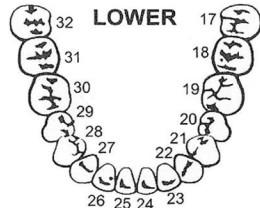
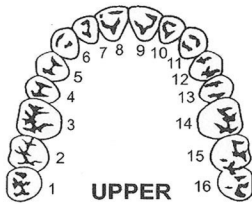
- BROAD
- POINTY
- LIGHT
- HEAVY

OCCCLUSAL STAINING

- NONE
- LIGHT
- MEDIUM
- HEAVY

INCISAL TRANSLUCENCY

- MINIMUM .5 mm
- MODERATE 1.0 mm
- MAXIMUM 1.5 mm



HAS IMPRESSION BEEN DISINFECTED

FOR OPTIMUM RESULTS PLEASE SEND THE FOLLOWING

- Impression
- Opposing
- Preop model
- Model of Temporaries
- Bite Registration
- Prep Shade
- Photograph
- Shade Guide Tab
- Length of Central Incisors

- Opposing teeth will be restored in the near future
- Will need to speak with technician

DIAGNOSTIC WAXUP

TYPE OF RESTORATION _____

- STANDARD
- NO PINK WAX
- SILTEC MATRIX
- VACUUM FORM TRAY
- DUPLICATE MODEL
- SILICONE STENT

COMPUTER IMAGING

- FULL FACE PHOTO
- CLOSE-UP PHOTO

PFM

- HIGH NOBLE YELLOW
- HIGH NOBLE WHITE
- NON PRECIOUS
- SEMI PRECIOUS

PRESSED CERAMICS

- INLAY/ONLAY
- VENEER/CROWN

IMPLANT ABUTMENT

- CUSTOM
- STOCK ABUTMENT

FELDSPATHIC

- VENEERS
- PJC'S
- INLAY/ONLAY

ZIRCONIA CROWNS

- PORCELAIN TO ZIRCONIA
- FULL ZIRCONIA

FGC/INLAY/ONLAY

- 60% AU
- 75% AU

TEMPS

- NO WIRE REINFORCED
- WIRE REINFORCED

MISC

- PREP GUIDE
- NIGHT GUARD
- BLEACHING TRAY
- SOFT TISSUE MODEL
- DV COMFORT GUARD

IMPLANT SYSTEM

- IMPLANT SIZE _____
- IMPLANT BRAND _____
- OR TYPE _____

Notes & Instructions

By submitting this form to Caladent lab and signing it dentist agrees to a contract for sale of the custom manufactured products mentioned herein as "Product: The services and dental prosthetic products provided by Caladent labs, are subject to the following conditions and terms. You agree to pay in full the stated price of goods per the current fee Schedule plus any late payment fees if applicable, plus any collection of attorney fees.
Payment is due in full upon receipt. Dentist agrees to pay in full stated price of the service together with any interest thereon and all costs of collection, including but not limited to reasonable attorney's fees. Interest of 15% per month shall be charged on any unpaid balance outstanding for more than thirty (30) days.
Dentist must thoroughly and carefully disinfect all materials used in the mouth before sending them to the laboratory and aging when returned from the Laboratory before placement in patient's mouth. When Dentist requests re-manufacture or repair, Dentist shall resubmit all originals to Laboratory including but not limited to original impressions, models and restoration(s).

Signature of Dentist _____

License # _____