

Enclosed #

- Model Crown
 Impression Partial/Denture
 Bite Photos

Today's Date: _____

Return by 5:00pm on: _____

Disinfected: Yes No

Doctor

Dr. : _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (_____) _____

Patient

Last: _____
 First: _____
 Age: _____ Sex: Male Female

- New Case
 Metal Try-In
 Lab Remake

Shade Instructions



Shade _____

Stump _____

Occlusal Staining

- None Light Medium Dark

Crown & Bridge

All - Ceramic

- Empress
 e.Max
 Zeno (Zirconia)
 Procera (Alumina)

Diagnostic Wax-up

Provisionals

Shade _____

Occlusal Splint

Porcelain to Metal

- Non-Precious (white)
 Noble/Semi-precious (white)
 High Noble (white)
 High Noble (yellow)
 Captek/Bio-2000
 Other: _____

Full Cast Crown

- Gold SPM

Post

- All One Unit Seperate

Occlusion

- In occlusion
 Slightly out of occlusion
 Out of occlusion

Margin Design

- Porc. butt margin
 360 Porc. margin

Implants

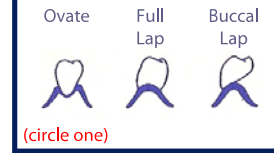
Custom Abutment

- Zirconia Titanium Other

Implant Restoration

- 3i Camlog
 NobelReplace AstraTech
 LifeCore Brånemark
 Other: _____

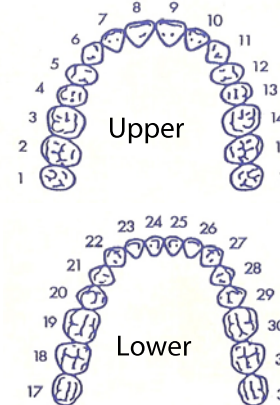
Pontic Design



OK to relieve opposing? Yes No

OK to relieve prep? Yes No

Specific Instructions



Please Send

- Prescriptions
 Boxes
 Case Bags
 Pre-printed DHL Waybill

Doctor Signature _____

License # _____

Cost of collection of any account will be paid by the customer. Terms net 30 days; 2% service charge over 30 days

Stewart Dental Laboratory

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