

Enclosed #

- _____ Model
- _____ Impression
- _____ Bite
- _____ Crown
- _____ Partial/Denture
- _____ Photos

Today's Date: _____

Return by 5:00pm on: _____

Disinfected: Yes No

Doctor

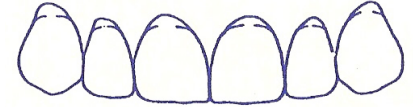
Dr.: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (_____) _____

Patient

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

- New Case
- Metal Try-In
- Lab Remake

Shade Instructions



Shade _____

Stump _____

Custom shade @ Lab

Occlusal Staining

None Light Medium Dark

Crown & Bridge

All - Ceramic

- Empress
- e.Max
- Procera (Alumina)
- Zeno (Zirconia)
- Solid Zirconia (100%)
- Diagnostic Wax-up

Provisionals

Shade _____

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 Separate

Occlusion

- In occlusion
- Slightly out of occlusion
- Out of occlusion

Margin Design

- Porc. facial margin
- 360 Porc. margin

Implants

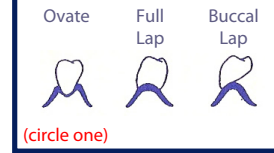
Custom Abutment

Zirconia Titanium Other

Implant Restoration

- 3i
- NobelReplace
- LifeCore
- Other: _____
- Camlog
- AstraTech
- Brånemark

Pontic Design

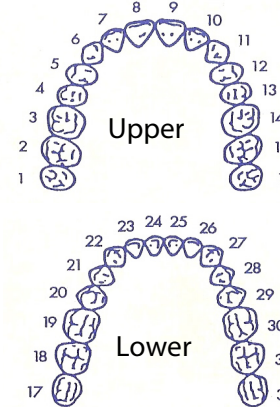


(circle one)

OK to relieve opposing? Yes No

OK to relieve prep? Yes No

Specific Instructions



Please Send

- Prescriptions
- Boxes
- Case Bags
- Pre-printed UPS Label

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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