

# Staindent Dental Lab

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Patient: \_\_\_\_\_ Shade: \_\_\_\_\_

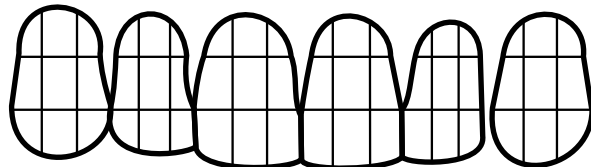
Date \_\_\_\_\_  
Wanted \_\_\_\_\_ By 5 p.m.

Ceramic Crowns & Bridges

Rx

- Send supplies.
- Call to discuss case.

creating works of art







### Deprogramming Splints

- Anterior Bite Plane
- Posterior Bite Plane
- Full Occlusal Upper
- Full Occlusal Lower

Partnership  
Dentistry

Doctor's Signature \_\_\_\_\_

## Please Indicate Case Requirements Below

- |                      |   |  |   |  |
|----------------------|---|--|---|--|
| A. Metal             | <input type="checkbox"/> Gold   | <input type="checkbox"/> Semi-prec. (noble)  | <input type="checkbox"/> Non-prec.  | <input type="checkbox"/> Zirconia  |
| B. Occlusion         | <input type="checkbox"/> Metal  | <input type="checkbox"/> Porcelain   | <input type="checkbox"/> Targis Vectris.  | <input type="checkbox"/> Empress   |
| C. Centric Contact   | <input type="checkbox"/> Foil Relief  | <input type="checkbox"/> Positive Contact  | <input type="checkbox"/> Cusp Fossa   |  |
| D. Lateral Excursion | <input type="checkbox"/> Cuspid Guidance  | <input type="checkbox"/> Group Function  |   |  |
| E. Margin Adaptation | <input type="checkbox"/> Exactly To Finish  | <input type="checkbox"/> Slight Overextension  |   |  |
| F. Labial Margin     | <input type="checkbox"/> Fine Metal Collar  | <input type="checkbox"/> Porcelain To Margin   | <input type="checkbox"/> Porcelain Butt Margin  |  |
| G. Pontic Design     | <input type="checkbox"/> 1. HARMONY  | <input type="checkbox"/> 2. CONE  | <input type="checkbox"/> 3. HYGENIC  | <input type="checkbox"/> 4. RIDGELAP  |

- Complexion**
- Light
  - Medium
  - Dark
  - Male
  - Age \_\_\_\_\_
  - Female

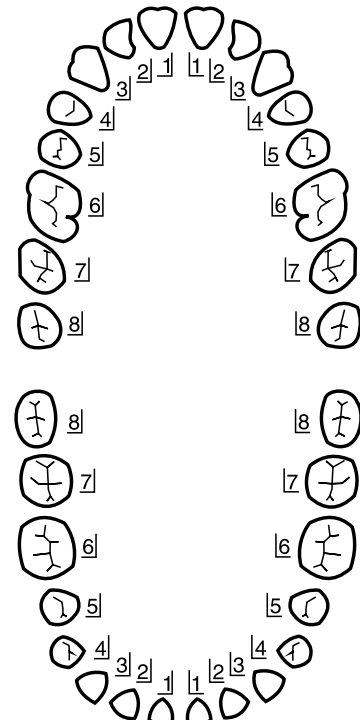
- Shape Of Face**
- Square
  - Tapering
  - Round
  - Avoid
  - Soft
  - Vigorous

Rx

Patient's Right

Patient's Left

FOLD



In the event that your account becomes delinquent beyond our agreed net terms of 30 days, you are responsible for any and/or all late fees, service charges, attorney fees or collection costs incurred in the recovery of amounts owed.