

Toll Free : **877-997-8243** • Phone : **310-320-9460**  
 1617 Border Ave., Torrance, CA 90501

**SPECIAL ENCLOSURES**

Photo(s)       Bite

Models           Dr. Trim

Shade Tab         Call Dr.

This is my 1st case.

Doctor's Account # \_\_\_\_\_ Date : \_\_\_\_\_


Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

Patient \_\_\_\_\_ Age : \_\_\_\_\_  M  F

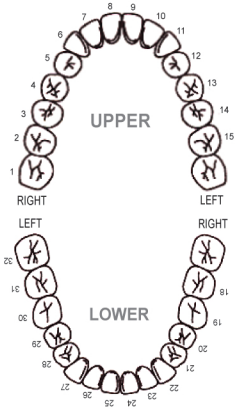
**Delivery Date :**  /  /  **Delivery by 5:00 pm**

 **INSTRUCTION**

**SHADE**

 **SHADE** \_\_\_\_\_

**STUMP SHADE :** \_\_\_\_\_



**All Ceramic Crowns**

Layered Zirconia

Zirconia Inlay / Onlay

BruxZir

BruxZir Inlay / Onlay

LAVA

IPS Empress       Diagnostic Wax-up

**PFMS**

Non-Precious       Yellow Gold

Semi-Precious     Bio 2000

White Gold         Maryland Bridge

**Full Cast Restorations**

Non-Precious       Semi-Precious

Yellow Gold         White Gold

**Buccal Collar**

Hairline or \_\_\_\_\_ mm on BUCCAL

Porcelain Butt Margin (90° Shoulder Req.)

**Occlusal Staining**

None     Light     Medium     Dark

**If No Occlusal Clearance**

Metal Occlusion       Spot Opposing

Reduction Coping     Metal Island

**Metal-Try In    Bisque-Try In    Finish    Other**

**Metal Design**

**Pontic Design**

**Interproximal Contacts**

Light     Medium     Heavy

**Amount of Translucency**

Bright     Medium     Heavy

**Valve**

Bright     Medium     Heavy

Dr's Signature : \_\_\_\_\_

FOR LAB USE ONLY			
Impressions	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower	Parts
Model	Appliance Enclosed		
<input type="checkbox"/> Bite	<input type="checkbox"/> Articulator	<input type="checkbox"/> Crown	<input type="checkbox"/> Bridge <input type="checkbox"/> Other

Please Send The Following     RX Form     Boxes     Mailing Labels