UNIVERSAL RX

STAR DENTAL LAB

Email: service@stardentallabs.com
Phone: 213 812 6073

Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____ (First / Last)

Address/Email _____ **Deliver by 5 p.m. on** _____

Enclosed with Case: ❑ Impressions ❑ Models ❑ Bite ❑ Photos ❑ Other: _____

PROVISIONAL RESTORATIONS

❑ Provisionals
Reinforcement: ❍ None ❍ Wire* ❍ Cast-Metal

Abutment #(s) _____
Pontic #(s) _____ Total units _____
❑ Splinted* ❑ Cement-On Implant
❑ Individual Units ❑ Screw-Retained Implant
Amount of prep reduction: ❑ 1 mm* ❑ 2 mm
❑ Perio treatment: Prepare tooth below gingival on tooth #(s) _____ by _____ mm
❑ Pontic site healing: Prepare ovate socket on tooth #(s) _____ by _____ mm

DENTURES/FLIPPERS/FLEXIBLE PARTIALS

Denture
❑ Handcrafted Denture
❑ Digital Denture
❑ Immediate Digital Denture
❑ Immediate Denture
❑ Duplicate Digital Denture
❑ Reference Digital Denture

Partial
❑ Flipper
❑ Valplast

Select Phase
❑ Custom tray
❑ Bite rim
❑ Setup try-in
❑ Finish

Digital Denture Teeth
Shade _____ Mould _____

Select Teeth for Partials and Handcrafted Dentures
❑ **Teeth** *(Standard)*
Shade _____ Mould _____
❑ **Premium Brand Teeth** *(Extra Charge)*
Shade _____ Mould _____ Brand _____

SIMPLY NATURAL METAL PARTIALS

Metal frame with acrylic

Frame Material
❑ Printed cobalt chrome frame

Esthetic Clasp Material ***(extra charge applies)***
❑ Valplast cobalt chrome frame
❑ tcs/ cobalt chrome frame
❑ Lab select complete design

Phase
❑ Metal frame try-in
❑ Printed frame try-in
❑ Frame w/occlus. rim
❑ Frame w/setup try-in
❑ Finish
❑ Scan/Save File (extra charge applies)

SNORING/SLEEP APNEA APPLIANCES

ZIRCONIA & ALL-CERAMIC RESTORATIONS

❑ Full Zirconia>1,000 MPa)
❑ Full Zirconia Radiant (778 MPa)
❑ Full Zirconia Esthetic** (870 MPa)

VENEERS

❑ IPS e.max veneer ❑ Layered IPS e.max veneer

PFM

❑ Non-Precious* ❑ White High Noble
❑ White Noble ❑ Gold YHN

FULL-CAST RESTORATIONS

❑ Noble-Cast 45 YN (40% Au) ❑ White Noble
❑ Noble-Cast 60 YHN (57.5% Au)* ❑ White High Noble (40% Au)
❑ Non-Precious ❑ Post & Core

SCREW-RETAINED RESTORATIONS

❑ IPS e.max ❑ White Noble
❑ Full Zirconia ❑ White High Noble
❑ Layered Zirconia

SCRP

(crown with screw-access hole cemented over custom abutment)
❑ Full Zirconia * ❑ Full Zirconia Esthetic ❑ IPS e.max

CUSTOM ABUTMENTS

❑ Titanium* ❑ Gold-Tone Titanium ❑ Zirconia w/ Ti-Base
❑ Gold Alloy ❑ Prepare existing abutment

FULL-ARCH IMPLANTS

❑ Full Zirconia Full-Arch Implant Prosthesis ❑ Screw-Retained Hybrid
❍ Full-Strength ❍ Esthetic Denture ❑ Locator Overdenture

NIGHTGUARDS/RETAINERS/MIGRAINE PREVENTION

❑ Upper ❑ Lower
❍ Buy 1 ❍ Buy 2 and save ❍ Scan/Save File
❍ **(hard)** ❑ Comfort H/S* **(clear, hard with soft reline)** ❑ Soft nightguard
❑ CLEARsplint **(self-adjusting, hard)** ❑ NTI

❑ Clear Retainers

❑ Clear ortho ❑ Hawley ❑ Essix Retainer (1 tooth)

PLAYSAFE MOUTHGUARDS

Specify color(s) on Rx
Name: _____

SPORT MOUTHGUARD

❑ Sport Mouthguard

IF NO OCCLUSAL CLEARANCE

❑ Call doctor ❑ Spot opposing ❑ Metal occlusion ❑ Metal island ❑ Make this a permanent note

STUMP SHADE _____
FINAL SHADE _____

OCCLUSAL STAINING
❑ None
❑ Light*
❑ Medium
❑ Dark

PONTIC DESIGN

❑ ❑ ❑* ❑ ❑

FOR BRUXZIR GLASS & BRUXZIR FUSION CASES

INCISAL LOBE DESIGN

❑ Less ❑ Light* ❑ Heavy ❑ None

INCISAL TRANSLUCENCY

❑ Less ❑ Light* ❑ Heavy

ANTERIOR DESIGN STYLE

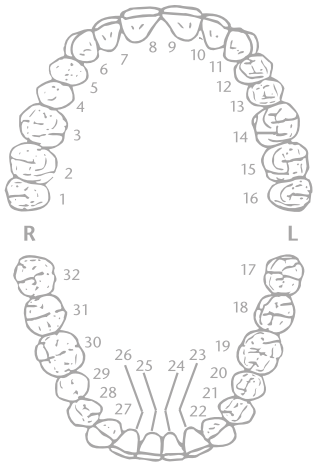
❑ Triangle ❑ Round ❑ Square

ANATOMICAL SURFACE TEXTURE

❑ None ❑ Light* ❑ Medium

Rx

Implant System _____
(If applicable)
Implant Diameter _____ **mm**



Signature _____

License _____ Date _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions.

Standard unless specified otherwise.