

OMICRON DENTAL LAB

714-902-1345

Info@omicrondentallab.com

14258 Beach Blvd

Westminster CA 92683

www.omicrondentallab.com

Doctor/Practice Name _____

Address _____

Patient Name _____ Male Female

Enclosed with case: Impressions Models Bite Photos

Other _____

Phone # _____

Order Date _____

Due Date By 5pm _____

Stump Shade _____

Final Shade _____

Rx



OMICRON

Signature _____

License# _____

FIXED RESTORATIONS

ZIRCONIA FULL CONTOUR	Lithium Disilicate
<input type="checkbox"/> Omicrown	<input type="checkbox"/> Omicron All Ceramic
<input type="checkbox"/> Esthetic Omicrown	
<input type="checkbox"/> All On X	

LAYERED CROWN

<input type="checkbox"/> PFZ	<input type="checkbox"/> Lithium Disilicate
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VENEERS

<input type="checkbox"/> Lithium Disilicate

REMOVABLE

<input type="checkbox"/> Night Guard

IMPLANT

RETENTION TYPE	ABUTMENT TYPE
<input type="checkbox"/> SCREW	CUSTOM ABUTMENT
<input type="checkbox"/> CEMENT	<input type="checkbox"/> TITANIUM
	<input type="checkbox"/> ZIRCONIA
	<input type="checkbox"/> TI-BASE
	<input type="checkbox"/> STOCK TITANIUM

IMPLANT MANUFACTURER

<input type="checkbox"/> Genuine	<input type="checkbox"/> Generic
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Company Name : _____

Implant System : _____

Platform Diameter : _____

IF NO OCCLUSAL CLEARANCE

- Call Doctor
- Spot Opposing
- Reduce Prepped Tooth

Pontic Design

- Modified Ridge Lap
- Saddle / Ridge Lap
- Ovate
- Hygienic / Sanitary
- Conical