FOR LAB USE ONLY

ZDL
ZION DENTAL LAB
16737 Parkside Ave. Cerritos, CA 90703
Tel: 818-626-8020

Date: _____ Due Date: _____
cases are subject to delivery by 5pm on date stated

Doctor/Practice: _____
Last First

Patient: _____
Last First

Age: _____ Sex: _____ Shade _____ / _____ / _____
Inc Body Ging

Custom Implant Selection

- ☐ Titanium Abutment
- ☐ Hybrid Abutment Zirconia w/ Ti-Base
- ☐ Screw Retained Full Zirconia
- ☐ Screw Retained Zirconia Frame
- ☐ Titanium Bar

Implant System: _____
Size: _____

PFM Preference (Circle)

Metal Collar: 360 / M / D / B / L

Porc. Butt Margin: Buccal Only / 360

Special Instructions/Notes:

Fixed

PFM: _____
★Metal Type

All-Ceramics

- ☐ Zirconia ☐ Layered Zirconia
- ☐ IPS e.max ☐ Layered IPS e.max
- ☐ Inlay/Onlay (Zirconia / IPS e.max)

Tooth #: _____

Pontic Design

☐ ☐ ☐

Additional Preferences

Contacts	Occlusion
☐ Light	☐ In-Occlusion
☐ Normal	☐ Light Occlusion
☐ Tight	☐ Out of Occlusion

Occ. Staining: No / Light / Heavy

If No Occ. Clearance:
- ☐ Spot Opp. ☐ Call to Confirm
- ☐ Reduce Prep w/ Reduction Coping
- ☐ Make Metal Occl. PFM

Doctor's Signature: _____ License No. _____

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