

Baytek Dental Lab DL# 11511

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Rx Date :

Date Due in Office :

(Deliver By 5PM)

Doctor's Name _____ (Please Print)

Doctor's Address _____

M F

Patient's Name _____

Sex

Age _____

TEETH NUMBERS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

CROWN AND BRIDGE

Restoration Type:

- PFM
- FGC
- Post & Core
- Diagnostic Wax-Up

Alloy Type:

- Non-Precious
- Semi-Precious
- High Noble

Metal Design:

- Metal Margin
- Show No Metal
- Metal Occlusal
- Metal Lingual
- Lingual Collar

Try-In:

- Frame Work
- Bisque
- Die Trim
- Direct Finish

ALL CERAMIC

- E.Max CadCam
- E.max Layering (Anterior Only)
- E.max Veneer
- E.max Inlay or Onlay
- Full Contour Solid Zirconia
- Porcelain Fused to Zirconia

RIDGE RELIEF

Select One

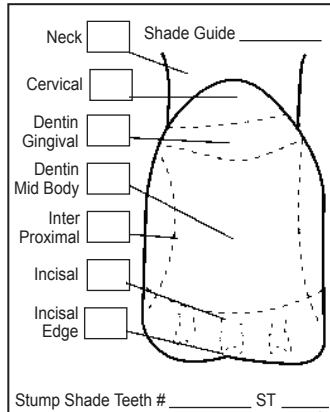


If Insufficient Room:

- Reduce & Mark Prep
- Reduce & Mark Opp.
- Reduction Coping
- Call Me

IMPLANTS

- Titanium Custom Abutment
- Zirconia Abutments w/ Ti Base



INSTRUCTIONS _____

Incisal Trans

- Minimal 0.5
- Modest 1.0
- Max 1.5

Signature _____ License # _____