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 Precision Dental Prosthetics Tel: 708-865-5090 Fax: 708-865-5088 E-Mail: info@dentalprolabs.net

Dr. Name: _____ Order Date: _____
 Account #: _____ Phone No: _____ E-mail: _____
 Address: _____
 Patient Name: _____ LAST FIRST Pt. Age: _____ Male / Female
 Circle One

FIXED RESTORATIONS

- Porcelain Fused to Metal
- Non-Precious Noble High Noble
- Full Cast Restoration
- Non-Precious Noble High Noble
- All Ceramic
- Veneer Crown Inlay / Onlay
- Ceramco iC IPS E-Max Zirconia

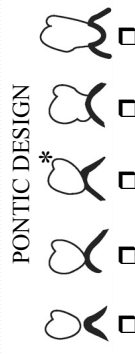
Milled Restorations

- All Zirconia (milled full contour)
- Milled Zirconia sub-structure

Vita Shade: _____



- OCCLUSAL STAINING**
 None Light Medium Dark



REMOVABLE RESTORATIONS

- Upper: Full Partial Flipper
 Framework Only Wax Try-in Reline
 Complete Repair Mouth Guard

Lower: Full Partial Hard/Soft Night Guard
 Framework Only Add Teeth Bleaching Tray
 Lucitone 199 Surgical Stent

Flexible Partial:

- Wax Try-in
- Complete

Rigid Partial:

- Wax Try-in
- Complete
- Cast

Full Denture:

- Wax Try-in
- Complete
- Immediate Denture

Tissue Shade:

- Clear
- Standard*
- Medium
- Dark Pink

Tooth Shade: _____



- Enclosed With Case**
 Impressions Models Bite
 Other: _____
- Contour Design**
 Embrasures: Open Closed*
 Occlusion: Heavy Light*
 Contacts: Pinpoint Light* Broad & Tight

- Metal Design**
 Metal Lingual With Porcelain Coverage
 Coping With Full Porcelain Coverage
 Labial 360° Porcelain Butt
 Metal Occlusal

If No Occlusal Clearance

- Metal Occlusion
- Reduction Coping
- Spot Opposing*
- Make Permanent Note

Laboratory Use Only

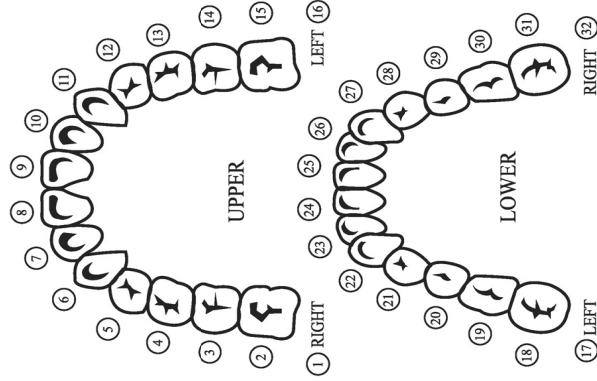
By: _____ Mail: _____

Remarks: _____

Signature _____

License # _____

**Default if no preference indicated*



Cost of collection of any account will be paid by the customer. TERMS: Net 30 days; 2 percent service charge over 30 days