COSMODENTAL Lab Inc.

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818-249-2812
866-61-COSMO
cosmodentlab@yahoo.com

DUE DATE _____ ☐AM ☐PM

PATIENT'S NAME _____

_____

PATIENT'S SEX ☐M ☐F AGE☐☐

☐DESIGN/ESTIMATE ☐TRY-IN ☐COMPLETE

DR. _____

ADDRESS _____

CITY_____ STATE____ ZIP_____

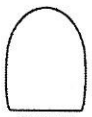
PHONE(_____)

PLEASE HAVE TECHNICIAN CALL ME: DAY_____ TIME _____

PLEASE SEND: ☐PRESCRIPTIONS ☐BOXES ☐MAILING LABELS

Please send a study model on all Cosmetic Cases

INSTRUCTIONS: _____



SHADE BLEND

OCCLUSAL BLEND

CERAMIC/CROWN BRIDGE

SHADE: ☐ *SHADE TAB ENCLOSED*

☐ DIES TO BE TRIMMED BY DOCTOR

CROWN BRIDGE: ☐ SEPARATE POST ☐ METAL OCCLUSAL

ALLOY: ☐ PFM *(YELLOW GOLD)* ☐ PFM *(WHITE GOLD*

☐ PFM *(SEMI PRECIOUS)* ☐ PFM *(NON-PRECIOUS)*

☐ CAPTEK ☐ FULL YELLOW GOLD CROWN 62% Au

PONTIC DESIGN A

FINISH LINE: ☐ PORCELAIN BUTT JOINT MARGIN

☐ BUCCAL METAL COLLAR

ESTHETIC RESTORATION: ☐ IPS-EMPRESS I ☐ IPS-EMAX

☐ ETKON ZIRCONIUM CUSTOM ABUTMENT

☐ VENEER ☐ LAVA ☐ INLAY-ONLAY

☐ DIAGNOSTIC WAX-UP

IMPLANT PROSTHETICS

TYPE OF IMPLANT

☐ CERAMICS/C&B ☐ OVERDENTURE W/CAST BAR

☐ TEMPORARY CROWN ☐OVERDENTURE W/ATTACHMENT

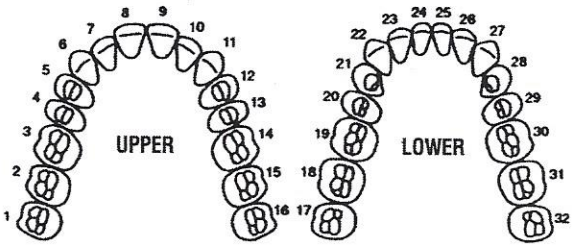
ENCLOSURES: ☐ ABUTMENTS ☐ INSERTS ☐ SCREWS

☐ ANALOGS ☐ GUIDE PINS ☐ COPINGS

ATTACHMENTS: (PLEASE INDICATE TYPE OF ATTACHMENT) _____

TEMPORARY ☐ DENTICOLOR ☐ REINFORCED

SURGICAL STENT: ☐PANORAMIC ☐IMAGING STENT ☐PLACEMENT STENT



DOCTOR'S SIGNATURE _____

DOCTOR' S LICENSE # _____ DATE _____