4G DENTAL LAB

1311 Rayford Park Rd. #D • Spring, TX 77386
Toll Free : 833-682-8901
E-mail : admin@4gdentallab.com

Date Case Leaves Office
Text
Patient Appointment Date
Text

Erik Mendelsohn
Doctor's Name (Please Print)

4095 English Creek Ave Egg Harbor Township NJ, 08234
Doctor's Address

Karan Ninfa
Patient's Name

☐ M ☐ F
Sex Age

FIXED RESTORATIONS (Please ☑)

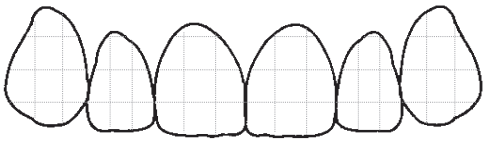
PFM	Full Metal Cast	Metal Free
❑ Non-Precious	❑ FMC Non-Precious	❑ Full / Solid Zirconia
❑ Semi-Precious	❑ FMC Semi-Precious	❑ Esthetic Zirconia
❑ High Noble White	❑ FMC High Noble White	❑ Layered Zirconia
❑ High Noble Yellow	❑ FMC High Noble Yellow	❑ e.Max

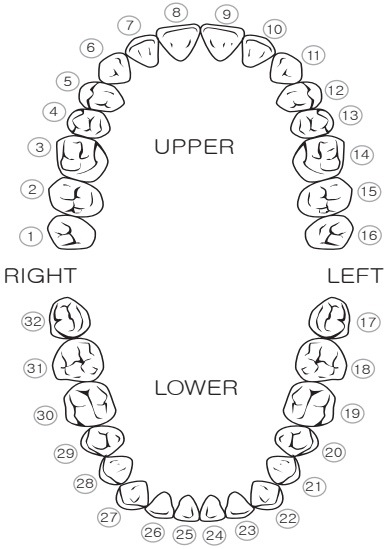
IMPLANTS

Abutment	*Brand*	*Size*
❑ Zirconia	_____	_____
❑ Titanium	_____	_____
❑ Implant Crown Only		

IF INSUFFICIENT ROOM

❑ Trim Opposing ❑ Metal Island
❑ Call to Discuss ❑ Trim Prep No Coping
❑ Metal Occlusal
❑ Reduction Coping





Tooth Shade A!

Stump Shade Text

Please Send

❒ RX Forms ❒ Boxes ❒ Mailing Labels ❒ FedEx Paks

Enclosures Lab Use Only

❒ Photo(s) ❒ Analog ❒ Models ❒ Implant Parts
❒ Impression ❒ Bite ❒ Shade Tab ❒ Other _____

FedEx Tracking Number _____

REMOVABLE RESTORATIONS (Please ☑)

Dentures
- ❒ Complete / Immediate
- ❒ Wax Try-In w/ Teeth
- ❒ Final Process

Removable Extras
- ❒ Cast Clasp
- ❒ Esthetic Clasp
- ❒ Bite Block / Base Plate
- ❒ Wire Reinforcement
- ❒ Custom Tray
- ❒ Fit to Crown / Appliance
- ❒ Pt Identification
- ❒ Other _____

Repairs / Relines
- ❒ Reline Hard / Soft
- ❒ Rebase
- ❒ Add Tooth
- ❒ Clasp
- ❒ Fracture

Partials
- ❒ Cast Partial
- ❒ CP Unilateral
- ❒ Vitallium
- ❒ Valplast
- ❒ 4G iFlex
- ❒ Acrylic / Flipper

Partial Stages
- ❒ Complete
- ❒ Frame Try-In
- ❒ Wax Try-In w/ Teeth
- ❒ Final Process

Nightguards
- ❒ Hard
- ❒ Soft
- ❒ Hard / Soft
- ❒ 4G Thermoguard
- ❒ Sportsguard
- ❒ Add Color

Orthodontic
- ❒ Hawley Retainer
- ❒ Space Maintainer
- ❒ Expansion Schwarz
- ❒ Rapid Maxillary Expander
- ❒ Twin Block
- ❒ Essix Retainer
- ❒ Other _____

Acrylic Shade
- ❒ Lucitone
- ❒ Pink
- ❒ Light Meharry
- ❒ Medium Meharry
- ❒ Dark Meharry

Denture / Partial Teeth
- ❒ Standard
- ❒ Premium

Shade _____

℞ SPECIFIC INSTRUCTIONS :

Pleae fab cast partial with claps on #18,20,27,31. Please place rests on #18,,31, #20 only if room occlusally.
Shade A1 take to a finish unless you feel a wax try in is necessary.

Dr. Signature Text License # _____

White & Yellow Copy - Lab • Pink Copy - Doctor Office