

KAIDENT

F R E M O N T

510 793 1823
support@kaidentlabfr.com

Please text to 510 793 1823 for case tracking/inquiry

Practice

Patient

Doctor

Pick Up Date

License#

Signature

Due Date (by 5PM)

Enclosed: ☐ Impression ☐ Model ☐ Bite Registration
☐ Impression Coping ☐ Lab Analog ☐ Stock Abutment

Instructions/Comments

Shade _____

Tooth # _____



Type

- ☐ Crown
☐ Bridge
☐ Onlay / Inlay

Material

- ☐ Zirconia ☐ PFZ
☐ PFM ☐ FMC
☐ FGC ☐ Emax

Implant

- ☐ Ti Custom Abutment
☐ Zir Custom Abutment
☐ Stock Abutment

Restorative type

- ☐ Cement-Retained
☐ Screw-Retained
(Cemented by lab)
☐ Screw-Mentable
(Cemented by dentist)

Occlusion

- ☐ Normal
☐ Light
☐ Heavy
☐ No Occlusal

Embrasure

- ☐ Open
☐ Closed

Contacts

- ☐ Broad
☐ Point
☐ Open
(___mm)

Margin Position

- ☐ Sub (B___mm/L___mm)
☐ Equal
☐ Supra (B___mm/L___mm)

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