

PAN # (Lab Only)



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DOCTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

DR. SIGNATURE \_\_\_\_\_

LICENSE # \_\_\_\_\_

**For Delivery By 5 PM**

\*NOTE: If no due date is assigned, a standard due date will be applied.

**INSTRUCTIONS:**

- Call me
- (before proceeding with case)
- email photos to [reliancedentaldesigns@gmail.com](mailto:reliancedentaldesigns@gmail.com)

**PLEASE SEND**

- Rx's
- Shipping Labels

**Type:**

- RCT Tooth
- Okay To Relieve Opposing

PATIENT NAME

SEX M  F

S M T W T F

RX DATE

S M T W T F

DUE DATE (BY 5PM) \$45.00 per unit  
RUSH

PATIENT APPOINTMENT DATE/TIME

**ALL CERAMIC**

- Full Contour Zirconia
- Esthetic Zirconia
- PFZ 180°
- PFZ 360°
- e.max

**DIAGNOSTIC WAX-UP**

- Upper  Prep Guide
- Lower

**FULL CAST**

- PFM  High Noble
- Non-Precious  Full Gold
- Semi-Precious  Full Metal

**ZIRCONIA HYBRID**

Implant Size: \_\_\_\_\_

Implant Brand: \_\_\_\_\_

Implant Platform: \_\_\_\_\_

**PONTIC DESIGN**



**ABUTMENT**

- Ti Abutment - Gold Hue
- Zirconia Hybrid Abutment
- Cement Jig
- Seating Jig
- Non-OEM
- Authentic

**IMPLANTS**

- Screwmentable
- Cement Retained
- Screw Retained

Open Bite \_\_\_\_\_\*mm  
Length of Centrals \_\_\_\_\_ mm

**HISTORY**

- Food Trap
- Discoloration
- PFM Replacement
- Malocclusion
- Crossbite
- Endo

**GOAL**

- Close Space
- Correct Crossbite
- Cuspid Rise
- Protection (Group Function)
- Shade

RIGHT LEFT

**SHADE**

Stump Shade

**OCCUSION**

In  Out  Other \_\_\_\_\_

**STAINING**  NONE

PLACEMENT	AMOUNT	COLOR
<input type="checkbox"/> Gingival	<input type="checkbox"/> Light	<input type="checkbox"/> Yellow
<input type="checkbox"/> Fossae	<input type="checkbox"/> Medium	<input type="checkbox"/> Orange
<input type="checkbox"/> Primary Grooves	<input type="checkbox"/> Dark	<input type="checkbox"/> Ochre
<input type="checkbox"/> Secondary Grooves		<input type="checkbox"/> Lt. Brown
<input type="checkbox"/> Wear Facets		<input type="checkbox"/> Brown
		<input type="checkbox"/> Black

**Rx Specific Instructions:**

**Case Check in - Inventory (Lab Only)**

**Impression:**

Full Arch \_\_\_\_\_  
 Triple Tray \_\_\_\_\_  
 Bite Register \_\_\_\_\_  
 Stick-Bite \_\_\_\_\_  
 Impression Count \_\_\_\_\_

**Models:**

Wax Up Model \_\_\_\_\_  
 Opposing \_\_\_\_\_  
 Pre op \_\_\_\_\_

**Remake / Adjustments:**

Old Units \_\_\_\_\_  
 Original Impressions \_\_\_\_\_  
 Original Model Work \_\_\_\_\_

**Implants:**

Analogue \_\_\_\_\_  
 Impression Coping \_\_\_\_\_

Received By: \_\_\_\_\_