

DR NAME _____ **PT NAME** FIRST _____ AGE _____
 ADDRESS _____ LAST _____ FEMALE MALE
 CITY _____ STATE _____ ZIP _____ PHONE _____ **BY 5PM** **DUE DATE** FINISH _____ TRY IN _____ **CALL ME**
ENCLOSED WITH CASE: Model Metal Trays Teeth Shade Tab Articulator Bite Impressions Photo (Preferred) Other _____

STANDARD **X-LINE**
NON-METAL RESTORATION
 DSez™ (Esthetic Monolithic Zirconia)
 DSmz™ (Monolithic Zirconia)
 DSz™ (Layered Zirconia)
 IPS e.max®
 OTHER _____




PORCELAIN FUSED TO METAL
 PFM NP/Base PFM White High Noble
 PFM Noble PFM Yellow High Noble
 OTHER _____

FULL CAST RESTORATION
 NP/Base White High Noble
 Noble White Yellow High Noble
 Noble Yellow

IF NO OCCLUSAL CLEARANCE
 CALL METAL OCCLUSION
 REDUCTION COPING SPOT OPPOSING

MOLD OF CROWN
 FOLLOW STUDY MODEL MATCH EXISTING IDEAL

MARGIN DESIGN Buccal Lingual
 METAL LINGUAL COLLAR
 METAL-PORCELAIN JUNCTION MARGIN
 METAL HAIRLINE _____ MM
 PORCELAIN BUTT MARGIN

METAL OCCLUSION
 METAL OCCLUSAL **EXCLUDE** BUCCAL CUSP
 METAL OCCLUSAL **INCLUDE** BUCCAL CUSP
 FULL METAL LINGUAL 
 3/4 METAL LINGUAL 
 1/4 METAL LINGUAL 

PONTIC DESIGN
 SANITARY  BULLET  MODIFIED 
 FULL RIDGE  OVATE 

IMPLANT
 Implant System Used _____

SIZE _____

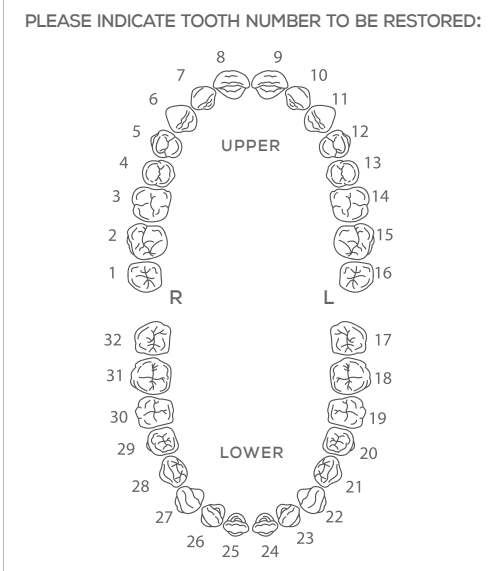
CAD/CAM ABUTMENT
 Titanium (Ti) Zirconia (Zr)
 Other _____

SCREW RETAINED OR **CEMENT RETAINED**

CEMENT RETAINED In Lab Chairside

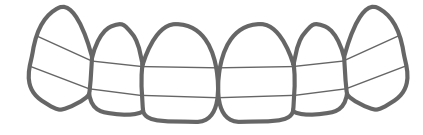
ANODIZE

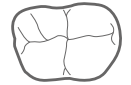
MISC
 Metal Try-In Temp
 Splint Crowns Diagnostic Wax-up



INSTRUCTIONS

SHADE
 DESIRED _____ STUMP _____



OCCLUSAL STAINING
 NONE Light Medium Dark 

DR SIGNATURE _____

DR LICENSE # _____ TODAY'S DATE _____

For Warranty Information: Please review the DSG Warranty Policy at www.dentalservices.net/dsg-warranty

FLORIDA LAB REGISTRATION DL#200

DO YOU NEED? Shipping Boxes Shipping Labels **RXS:** Fixed Removable

TERMS: Net 15th of month. A finance charge of 1½% per month (18% annual) will be added to past due invoices 134 F FR1 00