

LAB USE ONLY

SHIP DATE _____

Enclosed With Case

- Impression
- Models _____
- Bite _____
- Photos _____
- Other _____

PAN # _____



Phone: 704-684-5032 • Fax: 704-234-6801
 Email: idmdental@aol.com
 www.idmdental.com

Doctor _____
 Address _____
 City _____ St. _____ Zip _____
 Phone _____

Patient _____
 Age _____ Female Male

Sent Date: _____
 Custom Appt: _____
 Due Date: _____

Rush Case (call for delivery date)

MATERIALS (Please ✓)

- | | | |
|---|--|--|
| <input type="checkbox"/> All Porcelain | <input type="checkbox"/> Porcelain to Metal (PFM) | <input type="checkbox"/> All Metal (FGC) |
| <input type="checkbox"/> Zirconia (PFZ) | <input type="checkbox"/> High Noble | <input type="checkbox"/> High Noble |
| <input type="checkbox"/> Full Zirconia | <input type="checkbox"/> White <input type="checkbox"/> Yellow | <input type="checkbox"/> White <input type="checkbox"/> Yellow |
| <input type="checkbox"/> e.max | <input type="checkbox"/> Noble (white) | <input type="checkbox"/> Noble Alloy |
| <input type="checkbox"/> Other Press | <input type="checkbox"/> Other | <input type="checkbox"/> White <input type="checkbox"/> Yellow |
| | | <input type="checkbox"/> Post <input type="checkbox"/> Inlay/Onlay |

CROWN & BRIDGE DESIGN (Please ✓)

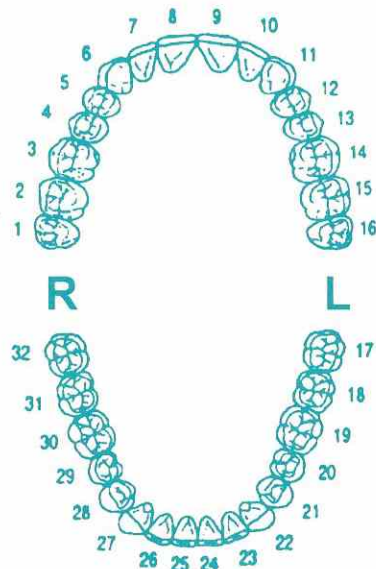
- | | |
|--|---|
| <input type="checkbox"/> Diagnostic Wax Up | <input type="checkbox"/> Implant Custom |
| <input type="checkbox"/> Provisional Restoration | <input type="checkbox"/> Implant Standard |
| <input type="checkbox"/> Matrix | <input type="checkbox"/> Titanium |
| <input type="checkbox"/> Composit | <input type="checkbox"/> Zirconia |

- | | | | | |
|-------------------------------------|--|-----------------------------------|--|-------------------------------------|
| | | | | |
| <input type="checkbox"/> Full Ridge | <input type="checkbox"/> Partial Ridge | <input type="checkbox"/> No Ridge | <input type="checkbox"/> Point Contact | <input type="checkbox"/> No Contact |

- | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | |
| (G) | (H) | (J) | (K) | (L) | (M) | (N) |

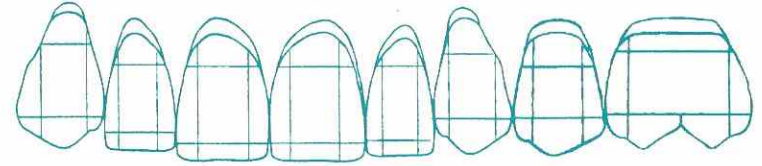
- Ridge Relief: None Slight
 Medium Heavy

OK to trim opposing? Yes No



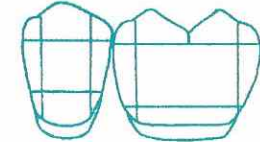
SPECIAL INSTRUCTIONS & SHADE INFORMATION

(Please provide study models on all anterior teeth)



Shade _____ Occlusal Stain: None Light Medium Dark

1/3 Inc _____
 1/3 Body _____
 1/3 Ging. _____



- (PFZ) Zirconia Full Zirconia e.max PFM FGC

Signature _____

License Number _____ State _____

- CALL ME Photo's emailed - idmdental@aol.com

DOCTOR PLEASE RETAIN DUPLICATE COPY - THANK YOU!