

Lab Use Only

Date Received	Pan#	Ship Date
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Dr. _____

Pt. _____ Age: _____ Sex: M F

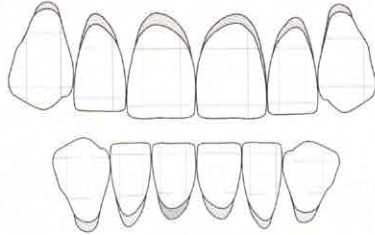
Date Prepped _____ Date Due _____ AM PM

Will opposing teeth be restored? Yes No

May we adjust opposing teeth if needed? Yes No

Please do not count Saturdays, Sundays, Holidays or Days in Transit as Work Days.

Shade Instructions :



Dr. _____ D.D.S. Lic. # _____

PVC / Shade : _____

Tooth / Teeth No. _____

Metal Occlusal Yes No / Tooth No. _____

Type of Metal High Noble - Yellow Noble Base Metal
 High Noble - White

Zirconia Captek * 12 Working Days
 Brux Solid Zirconia

E.max inlay / onlay / crown # _____
 Shade : _____
 Stump Shade : _____

E.max veneer # _____
 Shade : _____
 Stump Shade : _____

Type of Margin

Porcelain to Metal
 360° Metal Collar
 Lingual Band
 Porcelain Butt Joint

Type of Ridge

Modified Ridge Lap
 No Ridge Lap
 Other _____

Temporary (10 Working Days) Tooth : _____
 Shade : _____

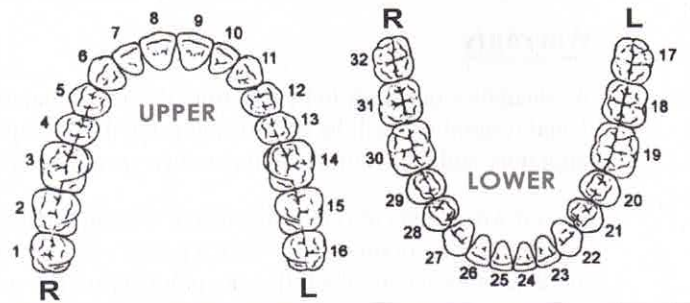
Full Cast Crown - Tooth / Teeth No. _____

Type of Metal Yellow High Noble Yellow 40% Noble Noble

Onlay - Inlay Tooth / Teeth No. _____

Type of Metal Yellow High Noble Yellow 40% Noble Noble

<p>Lab Use Only :</p> <p>Comments : _____</p> <p>_____</p> <p>_____</p>	<p>Items Sent :</p> <p><input type="checkbox"/> Models <input type="checkbox"/> Partial <input type="checkbox"/> Impression <input type="checkbox"/> Photos <input type="checkbox"/> Opposing <input type="checkbox"/> Crown <input type="checkbox"/> Bite <input type="checkbox"/> Shade Tab <input type="checkbox"/> Study Model <input type="checkbox"/> Working Die <input type="checkbox"/> Combo Case</p>	<p>Implant Parts Received :</p> <p><input type="checkbox"/> Impression Coping <input type="checkbox"/> Implant Replica <input type="checkbox"/> Abutment <input type="checkbox"/> Plastic Coping <input type="checkbox"/> Other <input type="checkbox"/> None Received</p>
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Try In AM Ivocap AM
 PM Finish PM

Type of Restoration : _____

Shade : _____ Mold : _____

Instructions

Send more Mailing Labels Boxes Prescriptions

*Personal Service
Partners in Quality*

Carter Dental Lab

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 All Accounts are due by the 15th of the month following invoice date and are subject to late fees.