

3501 Parkway Center Court • Orlando, Florida 32808 • (407) 447-4250 • (407) 447-4255 fax • (877) 287-5977 toll-free

Date Sent: _____ From: _____ DDS DMD LAB

Street: _____

City/State/Zip: _____

Telephone: _____

Patient: _____ Patient ID #: _____ Case Type: _____
Last First

Try in date: _____ Finish date: _____ Shade: _____ Stump/Dentin Shade: _____

FIXED PROSTHETICS

TYPE OF RESTORATION

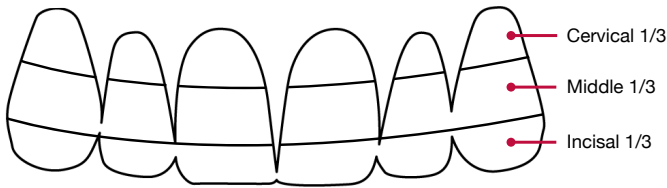
- | | |
|---|--|
| <input type="radio"/> Captek™ | <input type="radio"/> Noble |
| <input type="radio"/> BruxArt™ Zirconia | <input type="radio"/> Base |
| <input type="radio"/> Layered Zirconia | <input type="radio"/> Composite |
| <input type="radio"/> IPS e.max® Crowns Inlay/Onlay | <input type="radio"/> Diagnostic Wax-Up |
| <input type="radio"/> Layered e.max | <input type="radio"/> PMMA Temporaries |
| <input type="radio"/> PFM | <input type="radio"/> Attachments/Implants |
| <input type="radio"/> Full Cast | <input type="radio"/> Custom Abutments |
| <input type="radio"/> Titanium | <input type="checkbox"/> Gold Shaded <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia |
| <input type="radio"/> High Noble | <input type="radio"/> Other _____ |

OCCLUSAL CLEARANCE

- Reduce Prep & Include Reduction Coping
- In Occlusion
- Out of Occlusion
- Foil Relief
- Reduce Opposing If Necessary

ANATOMY DESIRED

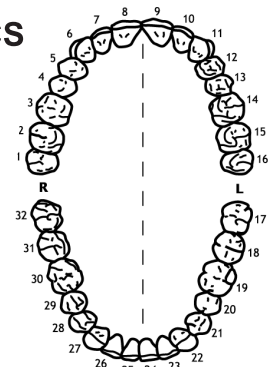
- Follow Study Model
- Match Existing
- Make Ideal



REMOVABLE PROSTHETICS

TYPE OF RESTORATION

- | | |
|--------------------------------|--------------------------------|
| <input type="radio"/> Upper | <input type="radio"/> Lower |
| <input type="radio"/> Superior | <input type="radio"/> Economy |
| <input type="radio"/> L. Pink | <input type="radio"/> Original |
| <input type="radio"/> 50/50 | <input type="radio"/> Dark |
| <input type="radio"/> Injected | |



Economy

- Classic
- Shade: _____
- Bite Rim
- Custom Tray
- Nightguard - Hard
- Reline
- Essix Retainers
- Repair

Superior

- IPN
- Blueline
- Mold: _____

- Nightguard - Soft
- Nightguard - Hard/Soft
- Attachment/Implant
- Sports Guard

PARTIAL DENTURE

- | | |
|---|--------------------------------------|
| <input type="radio"/> Upper | <input type="radio"/> Lower |
| <input type="radio"/> Flexible Clasp | <input type="radio"/> DuraFlex |
| <input type="radio"/> Cast Metal | <input type="radio"/> Flipper |
| <input type="radio"/> Wrought Wire Clasps | <input type="radio"/> Essix Retainer |
| <input type="radio"/> DurAcetal Partial | |
| <input type="radio"/> DurAcetal Clasps | |
| <input type="radio"/> Nesbit/ DuraFlex or DurAcetal | |

- Call me (before proceeding with case)
- Return for die trim
- Soft tissue model

HAVE YOU INCLUDED THE FOLLOWING?

- Impression
- Opposing
- Shade
- Pre-Op Model
- Photos (Email: lludwig@gpsdental.com)
- Model of Temps

ADDITIONAL INSTRUCTIONS:

SIGNATURE _____ LICENSE # _____