



Date: \_\_\_\_\_

Requested Return Date: \_\_\_\_\_

ADM use only

S\_\_ D\_\_ Date Received \_\_\_\_\_

M\_\_ Pan Number \_\_\_\_\_

F\_\_ Case Number \_\_\_\_\_

Patient Name: \_\_\_\_\_ Case ID: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Bridge: \_\_\_\_\_ Shade: \_\_\_\_\_

Singles: \_\_\_\_\_ Shade: \_\_\_\_\_

Full-Z : \_\_\_\_\_ Shade: \_\_\_\_\_

**Materials**

e.max LD     Crystal Dia.

Lava     Crystal HS     Crystal HT

DC Shrink     DC Titanium     Temp

**Design:**  No build-up needed     Buildup as needed     Buildup to specifications below

**Specifications:** \_\_\_\_\_

**Stump Shade:** \_\_\_\_\_

Please - Trim die with **subtle** curve under margin    Coping Thickness:  0.5 mm **RECOMMENDED**  
 - Block undercuts and defects in prep     0.4 mm (optional for anterior only)

Margin Finish:  100% (assumed)     90%     **Unfinished**     Other: \_\_\_\_\_

**Please DO NOT** - Send impression  
 - Seal or paint die     **Send Prescriptions**  
 - Mark margins

**Please include:** Removable pinned and separated working model, opposing, and solid model.  
 For bridges, multiple unit, or complex cases, pre-op model and/or diagnostic waxup.