



**DentalLaboratory**

**ORDER FORM**

PRACTICE		PATIENT	
DENTIST		DATE	

**PROSTHETICS**

**SHADE**

ACRYLIC	<input type="checkbox"/>		DATE	REPAIR	<input type="checkbox"/>
CHROME	<input type="checkbox"/>	SPECIAL TRAY	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
MF FRAME	<input type="checkbox"/>	BITE	<input type="checkbox"/>	RELINE	<input type="checkbox"/>
VALPLAST	<input type="checkbox"/>	TRY-IN	<input type="checkbox"/>	SPLINT	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	RE-TRY	<input type="checkbox"/>	MOUTHGUARD	<input type="checkbox"/>

**FINISH DATE:** \_\_\_\_\_

**CROWN & BRIDGE**

**SHADE**

<input type="checkbox"/>	PFM	<input type="checkbox"/>	CERAMAGE COMPOSITE
<input type="checkbox"/>	EMAX	<input type="checkbox"/>	FULL METAL CROWN
<input type="checkbox"/>	EMPRESS	<input type="checkbox"/>	POST/CORE
<input type="checkbox"/>	PORCELAIN FUSED TO ZIRCONIA	<input type="checkbox"/>	TEMPORARY CROWN
<input type="checkbox"/>	PROCERA ZIRCONIA	<input type="checkbox"/>	MILLING
<input type="checkbox"/>	CERCON ZIRCONIA	<input type="checkbox"/>	POST CROWN ONE PIECE
<input type="checkbox"/>	MONOLITHIC ZIRCONIA	<input type="checkbox"/>	METAL RESTS OR WINGS
<input type="checkbox"/>	PORCELAIN MARGINS	<input type="checkbox"/>	VENEER

**FINISH DATE:** \_\_\_\_\_

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