



One Dental Studio

301 West Ferry St. Berrien Springs, MI 49103
(800) 933-1450

Case No. _____

Doctor's Name _____ Tel No. _____

Patient's Name _____ Sex M F

Pick-up Date _____ Deliver Date _____

If Insufficient Room: Reduce & Mark Opposing Reduce Prep & Reduction Coping

Lab use only	O/C	P/C	O/S	Unit	Material	Design	Finish/QC

Teeth Numbers:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Pontic Design:

PFM	Full Cast Metal	All Ceramic
<input type="checkbox"/> Non-Precious	Yellow High Noble	<input type="checkbox"/> Full Zirconia
<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> 75% <input type="checkbox"/> 56%	<input type="checkbox"/> Zir. w/porcelain
<input type="checkbox"/> Precious White	<input type="checkbox"/> Yellow Noble	<input type="checkbox"/> Emax / Empress
<input type="checkbox"/> Precious Yellow	<input type="checkbox"/> Semi, White	<input type="checkbox"/> Composite
<input type="checkbox"/> Captek / Bio	<input type="checkbox"/> Non-precious	<input type="checkbox"/> Diagnostic Wax

Standard Metal Lingual

No Metal All Around

Metal Lingual or Occlusal

Porcelain Butt Margin

Metal Band All around

Implant Brand _____ Size _____

Restoration Cement Retained Screw Retained

Abutments Stock Custom Titanium
 Custom Milled Zirconia Custom Milled Metal

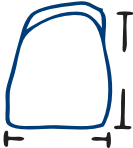
Are you enclosing part? (Identify on RX) Yes No

Pink porcelain to cover root? Yes No

Try-In : Frame Work
 Bisque
 Die trim

Prep Shade: _____

Shade Desired: _____



Please call before proceeding with case

Dr.'s Signature _____ License No. _____

Please send RX's/Lab Slips Shipping labels Boxes