



Lab Use Only

Date & Initials PAN #

Patient Name: \_\_\_\_\_ Shade: \_\_\_\_\_ Date Due: \_\_\_\_\_

Tooth #:	Specific Instructions:
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**Crown & Bridge**

- Non-Precious(Base)
- White Noble/Crown
- Metal Coping  
(All Porcelain Coverage)
- Full Metal  
(Include Buccal Cusp)
- Half Metal  
(Exclude Buccal Cusp)
- Metal Lingual  
(3/4)

- Single(s)  Splinted  Metal Try-in

**Metal Free**

- ZR Picasso® Full Contour
- Zirconia Layered
- e.max®
- Composite
- Bruxer
- Acrylic Units

**Supplies:**

- Rx Form  Bags/Boxes  Shipping Labels

**Partial & Denture**

- Full Upper/Lower
- Cast Metal Partial
- Flexite®
- Valplast®
- Flipper
- Bite Rim
- Custom Tray
- Night Guard

**Occlusal Contact**

- In Occlusion
- Light (0.5mm)
- Out (1.0mm)

**Metal Collars**

- Very Small Lingual Collar
- No Metal to Show 360°
- Porcelain Butt Margin
- Very Small Collar 360°

Dr. Signature: \_\_\_\_\_ License #: REQUIRED