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LAB. USE

Case No. \_\_\_\_\_

Pan No. \_\_\_\_\_

Lab Date \_\_\_\_\_

☐ Digital Impressions  
System \_\_\_\_\_

Dr. \_\_\_\_\_

Patient \_\_\_\_\_

Age \_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Teeth Restored or Replaced \_\_\_\_\_

Prep Date: \_\_\_\_\_ Seat Date: \_\_\_\_\_ Seat Time: \_\_\_\_\_

Restorations by Advanced Technical Department (L.V.I. and P.A.C.-live trained) ☐

☐ Traditional Impression ☐ Digital Impression

## TYPE OF RESTORATION

For all anterior cases please provide the following items and mark they have been sent

☐ Pre-Op Model ☐ Wax Presentation Model or Model of Temps ☐ Stick Bite ☐ Face Bow  
☐ Measurement of Central ☐ Underlying Tooth Color (prep shape) ☐ Photos for Shade

## ALL-CERAMIC/ZIRCONIA

### Veneers

\_\_\_\_ IPS e.max  
\_\_\_\_ GC Initial LiSi

### Crown / Bridge

\_\_\_\_ IPS e.max  
\_\_\_\_ GC Initial LiSi  
\_\_\_\_ PFZ Hand Stack  
\_\_\_\_ Full Contour Zirconia -  
Monolithic Zirconia 1200-1300 MPA  
\_\_\_\_ BadAZ™ - Monolithic Zirconia High  
Translucency 700-800 MPA Single  
units & up to 3 unit anterior bridge

### Inlay / Onlay

\_\_\_\_ IPS e.max  
\_\_\_\_ GC Initial LiSi

### Diagnostic / Temporary

\_\_\_\_ Diagnostic Wax-up  
\_\_\_\_ Composite Temporary  
\_\_\_\_ PMMA Temporary

### Dr. Request

\_\_\_\_ Request Dr / Die Trim  
\_\_\_\_ Request Framework Try-in  
\_\_\_\_ Request Bisque Try-in

## PORCELAIN TO METAL

\_\_\_\_ Porcelain-to-metal  
\_\_\_\_ Porcelain Butt Margin

### Alloys for Ceramic

\_\_\_\_ High Nobel/ Precious (White)  
\_\_\_\_ High Nobel Yellow Gold 89.5%  
\_\_\_\_ Predominately Base

### Metal Design

(Our standard is no collar)

\_\_\_\_ No Collar  
\_\_\_\_ Small Lingual Collar  
\_\_\_\_ Small Lingual & Buccal Collar  
\_\_\_\_ Small Lingual / Metal Occlusal

### Goal of Final Case

\_\_\_\_ Close Diastema  
\_\_\_\_ "Youthenize" Smile  
\_\_\_\_ Change Shape  
(Duplicate Temp Shape)  
\_\_\_\_ Move Midline  
\_\_\_\_ Feminize Smile  
\_\_\_\_ Change Shade  
\_\_\_\_ Lengthen Teeth  
\_\_\_\_ Eliminate Crossbite  
\_\_\_\_ Widen Buccal Corridor

## GOLD

\_\_\_\_ Gold Crown  
\_\_\_\_ Gold Inlay/Onlay

### Alloys for Full Gold

\_\_\_\_ High Nobel/ 60% Gold (Yellow)  
\_\_\_\_ High Nobel Yellow Gold 89.5%  
\_\_\_\_ High Nobel White Gold  
\_\_\_\_ High Nobel Inlay/Onlay 77%  
\_\_\_\_ Nobel 41% Yellow Gold  
\_\_\_\_ Nobel Y+Yellow/Rose Gold

### Ridge Relief

☐ None ☐ Slight  
☐ Med. ☐ Heavy

### Pontic Design

Full Ridge Partial Ridge No Ridge Point Contact No Contact Ovate  
☐ ☐ ☐ ☐ ☐ ☐

### If Insufficient Room

\_\_\_\_ Reduce Opposing & Mark  
\_\_\_\_ Reduce Prep & Make  
Reduction Coping

Gingival Shade \_\_\_\_\_

Body Shade \_\_\_\_\_

Incisal Shade \_\_\_\_\_

Prepped Tooth Shade \_\_\_\_\_  
(All-Porcelain & Lava)

Occlusal Stain: \_\_\_\_ None \_\_\_\_ Light \_\_\_\_ Medium \_\_\_\_ Dark

Incisal Translucency: \_\_\_\_ None \_\_\_\_ Minimal (0.5) \_\_\_\_ Moderate (1.0) \_\_\_\_ Maximum (1.5)

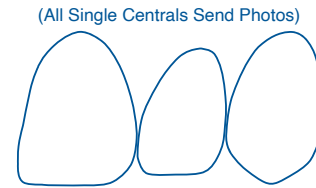
Shade of Translucency: \_\_\_\_ Clear (Blue) \_\_\_\_ Smoke (Grey) \_\_\_\_ Frosted (Chalky White) \_\_\_\_ Amber (Orange)

Surface Texture: \_\_\_\_ Heavy \_\_\_\_ Medium \_\_\_\_ Light \_\_\_\_ Smooth (No surface texture)

SPECIFIC INSTRUCTIONS: \_\_\_\_ Please call me \_\_\_\_ Please evaluate my preps & impressions  
\_\_\_\_ Please send me a card to evaluate the technicians completed work

For Diagnostic Wax Presentation Cases please mark which items you wish to receive

\_\_\_\_ Temporary Siltech Matrix (no charge) \_\_\_\_ Facial/Palatal Reduction Matrix (no charge)  
\_\_\_\_ \$ Temporary Clear Bite Matrix \_\_\_\_ \$ Stone Reduction Model \_\_\_\_ \$ Clear Suckdown Plastic Stint



Please send: ☐ Rx Forms ☐ Mailing Boxes ☐ Mailing Labels ☐ Product Info on \_\_\_\_\_

Terms: Net 30 days. A 2% a month finance charge is added to all past due accounts. Accounts over 30 days past due will be placed on COD including outstanding balance due with shipment of case. Dentist will be responsible for all collection costs, including attorney's fee to collect past due balance. By signing below you are legally obligated to these terms.

Dentists Signature \_\_\_\_\_ License # \_\_\_\_\_

White Copy-Lab Yellow Copy-Dentist

L-0610