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LAB. USE

Case No. _____

Pan No. _____

Dr. _____

Lab Date _____

Patient _____

☐ Digital Impressions

System _____

Age _____ Gender M F Teeth Restored or Replaced _____

Prep Date: _____ Seat Date: _____ Seat Time: _____

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

Shade

Gingival Shade: _____

Body Shade: _____

Incisal Shade: _____

Prepped Tooth Shade: _____

(All-Porcelain & PFZ)

Instructions:

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



If Insufficient Room

- ___ Reduce Opposing & Mark
- ___ Reduce Prep & Make
Reduction Coping



(All Single Centrals Send Photos)

☐ Additional Instructions (over)

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 # _____

S-0312