

(FOR LAB USE ONLY)

Pan #

DENTAL OFFICE : _____

DR. NAME : _____

RUSH? ☐ YES (Additional Fee Applies)

PATIENT NAME : _____



8580 Belleview Drive, Suite 330, Plano, TX 75024

972-943-5858 | 844-943-5858 (Toll Free) | 469-404-0104 (Call + Text)

contact-tx@esdentallabs.com

CROWN & BRIDGE

- ☐ Esthetic Zirconia ☐ e.max
☐ Porcelain Layered Zirconia ☐ Diagnostic Wax Up
☐ Full Zirconia ☐ Temporary Crown
- ☐ PFM ☐ Full Metal Crown ☐ Post
- ☐ 75% Gold ☐ Semi-Precious
☐ 40% Gold ☐ Non-Precious

TOOTH # _____

IMPLANT (CROWN)

- ☐ Cement Retain ☐ Screw Retain

CUSTOM ABUTMENT

- ☐ Titanium ☐ Hybrid (Ti+Zir)

IF THERE IS NOT ENOUGH CLEARANCE:

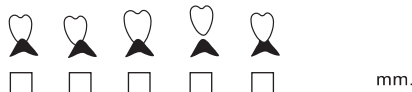
- ☐ Adjust Opposing Tooth
☐ Make Metal Lingual/Occlusal
☐ Trim Abutment (Just mark on abutment)

PREFERENCES

Interproximal Contact Occlusal Contact

- ☐ Light ☐ Light
☐ Medium ☐ Medium
☐ Heavy ☐ Heavy

PONTIC DESIGN



OPTIONS

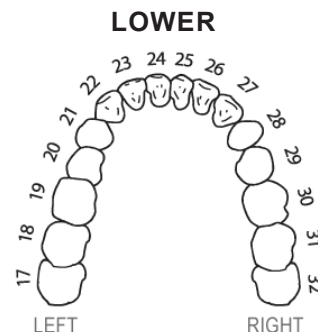
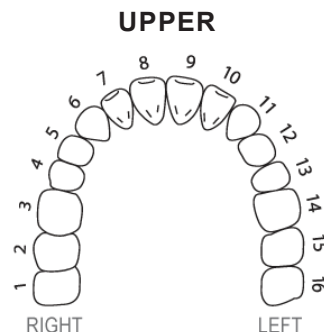
- ☐ Porcelain Margin
☐ Fit to Partial
☐ Rest Seat
☐ Guide Plane

METAL DESIGN



SPECIAL INSTRUCTIONS

☐ REMAKE



SHADE



STAIN

- ☐ None
☐ Light
☐ Medium

GUM SHADE

Option: If you need name in denture, please PRINT name CLEARLY in box below:

SIGNATURE OF DENTIST _____

DENTIST LICENSE # _____

The submission of this form by the client indicates that client has read and agrees to the terms and conditions contained on the reverse side of this document. Furthermore, the client accepts sole responsibility for payment and agrees to pay any collection costs incurred in the collection of a delinquent account, as well as all legal and collection costs in the event of suit, including any reasonable attorney fees.

REMOVABLE

FULL DENTURE (STANDARD) ☐ Immediate

- ☐ Complete - One Stage
☐ Teeth Set Wax Try-in
☐ Try-in to Finish

PARTIAL DENTURE

- ☐ Acrylic ☐ TCS iFlex ☐ Valplast

- ☐ Complete - One Stage
☐ Teeth Set Wax Try-in
☐ Try-in to Finish

FLIPPER (ACRYLIC)

- ☐ Complete - One Stage

METAL FRAME OPTION

- ☐ Metal Frame Ni Free ☐ Vitallium 2000
☐ Metal Mesh

CLASP OPTION

- ☐ Wire ☐ Flexible
☐ Custom Tray
☐ Base Plate & Bite Rim

OTHER

- ☐ Repair
☐ Re-line
☐ Add Tooth

ORTHODONTIC

NIGHT GUARD

- ☐ Soft
☐ Hard
☐ Soft/Hard

RETAINER

- ☐ With Wire
☐ Without Wire

OTHER

- ☐ Space Maintainer

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Impression		Study Models		Crown		
Bite Registration		Bite Rim		Picture		
Upper Model		Wax Try-in		Articulator		
Lower Model		Denture F / P				Receive Date