



# Dental Arts • Galesburg

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DR. \_\_\_\_\_

STREET \_\_\_\_\_ SUITE \_\_\_\_\_

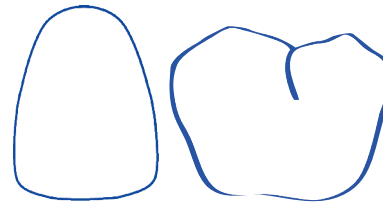
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ AGE: \_\_\_\_\_ SEX:  M  F

RETURN DATE BY 5 P.M. \_\_\_\_/\_\_\_\_/\_\_\_\_ PLEASE SEND:  BOXES  PRESCRIPTIONS  SHIPPING LABELS

<b>All Ceramics</b>	<input type="radio"/> <b>cubeONE</b> <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> <b>cubeONE ML</b> <input type="radio"/> Full Contour <input type="radio"/> <b>cubeX<sup>2</sup></b> <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> <b>BioZ<sup>X2</sup></b> <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> <b>IPS e.max</b> <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> <b>Celtra Press</b> <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> <b>BruXZir</b> <input type="radio"/> Full Contour <input type="radio"/> <b>DAL EZ</b> <input type="radio"/> Layered (PFZ)	
<b>Porcelain to Metal Restorations</b>	<input type="radio"/> <b>Base</b> (Non-Precious) (Nickel-Beryllium Free) <input type="radio"/> <b>Noble</b> (White Semi-Precious)	<input type="radio"/> <b>High Noble</b> (White Gold) <input type="radio"/> <b>High Noble</b> (Yellow Gold) <input type="radio"/> <b>Captex</b> (High Noble Yellow)	<input type="radio"/> <b>Porcelain Labial Margin</b> <input type="checkbox"/> 180° <input type="checkbox"/> 360° <input type="radio"/> <b>Metal Occlusal</b>
<b>All Metal Restorations</b>	<input type="radio"/> <b>High Noble Yellow</b> (75%) <input type="radio"/> <b>High Noble Yellow</b> (60%) <input type="radio"/> <b>High Noble White</b> <input type="radio"/> <b>Base</b> (Nickel-Beryllium Free)	<input type="radio"/> <b>Noble SP-Y Yellow</b> <input type="radio"/> <b>Noble Yellow</b> (40%) <input type="radio"/> <b>Noble White</b>	<input type="radio"/> <b>Premise Indirect Composite</b> <input type="radio"/> Inlay/Onlay <input type="radio"/> Inlay or Maryland Bridge
<b>Full Dentures</b>	<input type="radio"/> <b>Premium Full Denture</b> <input type="radio"/> <b>Classic (Value) Full Denture</b> <input type="radio"/> <b>DAL 3D Printed Denture</b>	<input type="radio"/> <b>Bite Rim</b> <input type="radio"/> <b>Custom Tray</b> <input type="radio"/> <b>Setup</b>	<input type="radio"/> <b>Process and Finish</b> <input type="radio"/> <b>Reline</b> <input type="radio"/> <b>Repair</b>
<b>Partial Dentures</b>	<input type="radio"/> <b>Vitalium 2000 Plus (Metal)</b> <input type="radio"/> <b>Conventional Frame</b> <input type="radio"/> <b>Equipoise Frame</b> <input type="radio"/> <b>Precision Attachment Frame</b>	<input type="radio"/> <b>Flexible (Metal-Free)</b> <input type="radio"/> <b>Valplast</b> <input type="radio"/> <b>DuraFlex</b> <input type="radio"/> <b>DuraFlex CAD</b> <input type="radio"/> <b>Combination w/Metal Frame</b>	<input type="radio"/> <b>DAL Second Nature Tooth Colored</b> <input type="radio"/> <b>DAL Second Nature Clear</b> <input type="radio"/> <b>Ultaire AKP</b> <input type="radio"/> <b>Cu-Sil Gasket</b>
<b>Temps/Bite Splints</b>	<input type="radio"/> <b>DAL ProTemps</b> <input type="radio"/> Milled PMMA <input type="radio"/> Radica <input type="radio"/> Metal Substructure	<input type="radio"/> <b>DAL Monodont Bridge</b> <input type="radio"/> Acrylic Pontic <input type="radio"/> Layered Composite Pontic	<input type="radio"/> <b>Snoring/Sleep Appliances</b> <input type="radio"/> Myerson EMA <input type="radio"/> D-SAD <input type="radio"/> TAP 3 <input type="radio"/> dreamTAP
<b>DAL Monodont Bridge</b>	<input type="radio"/> Metal Substructure	<input type="radio"/> <b>DAL Bite Splints</b> <input type="radio"/> DAL Comfort Splint <input type="checkbox"/> H/S <input type="checkbox"/> Soft <input type="radio"/> DAL Skinny Splint <input type="checkbox"/> H/S <input type="checkbox"/> Hard	<input type="radio"/> Sleep Herbst <input type="radio"/> Dorsal
<b>Snoring/Sleep Appliances</b>	<input type="radio"/> <b>Mouthguards</b> <input type="radio"/> ProForm		
<b>Fixed &amp; Removable Implant</b>	<input type="radio"/> <b>Final Abutment</b> <input type="radio"/> Titanium <input type="radio"/> Gold-Shaded <input type="radio"/> Zirconia Hybrid w/Ti Base <input type="radio"/> Specific Manufacturer Abutment	<input type="radio"/> <b>Fixed Implant Restoration</b> <input type="radio"/> cubeX <sup>2</sup> <input type="radio"/> IPS e.max <input type="radio"/> cubeONE <input type="radio"/> Base PFM <input type="radio"/> BioZ <sup>X2</sup> <input type="radio"/> Noble PFM <input type="radio"/> Screw-Retained (One-Piece)	<input type="radio"/> <b>Removable Implant Restoration</b> <input type="radio"/> Overdenture/Bar <input type="radio"/> Fixed Bridge/All-On-4 <input type="radio"/> Spark Erosion <input type="radio"/> Locator Overdenture



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SHADE: \_\_\_\_\_ PREP SHADE: \_\_\_\_\_  TAB ENCLOSED  
MOULD: \_\_\_\_\_

OCCLUSAL STAINING  NONE  LIGHT  MEDIUM  HEAVY  
OCCLUSION  LIGHT  IN  OUT

PONTIC DESIGN (please circle)

POSTERIOR DESIGN  
  FULL COVERAGE - NO LINGUAL COLLAR  
 FULL COVERAGE - SMALL LINGUAL COLLAR  
 METAL OCCLUSAL - EXCLUDING BUCCAL CUSP  
 FULL METAL OCCLUSAL - W/BUCCAL CUSP

IF THERE IS INSUFFICIENT ROOM  
 REDUCE AND MARK PREP  FABRICATE REDUCTION COPING  
 REDUCE AND MARK OPPOSING  PLACE METAL ISLAND  CALL ME

ENCLOSURES  
 IMPRESSION  PRE-OP STUDY MODEL  TEMPS MODEL  
 BITE REGISTRATION  PHOTO  SHADE DIAGRAM

SELECT RESTORATION TYPE  CROWN  SPLINTED CROWN  BRIDGE  FULL ARCH BRIDGE  VENEER  INLAY/ONLAY  
SELECT PROCEDURE  DESIGN/ESTIMATE  CUSTOM SHADE: \_\_\_\_ IN-LAB \_\_\_\_ PHOTO  DIE-TRIM  BISQUE  COMPLETE

PLEASE CALL ME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ALL RESTORATIONS FABRICATED IN THE USA

\_\_\_\_\_  
SIGNATURE OF DENTIST DENTIST LICENSE # DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

