RTI Prosthetics

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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

All Ceramics

cubeONE	○ Full Contour	○ Layered (PFZ)	**IPS e.max**	○ Full Contour	○ Layered
cubeONE ML	○ Full Contour		**Celtra Press**	○ Full Contour	○ Layered
cubeX²	○ Full Contour	○ Layered (PFZ)	**BruxZir**	○ Full Contour	
BioZ^X2	○ Full Contour	○ Layered (PFZ)	**DAL EZ**	○ Layered (PFZ)	

Porcelain to Metal Restorations

- ○ Base (Non-Precious) (Nickel-Beryllium Free)
- ○ Noble (White Semi-Precious)
- ○ High Noble (White Gold)
- ○ High Noble (Yellow Gold)
- ○ Captek (High Noble Yellow)
- ○ Porcelain Labial Margin □ 180° □ 360°
- ○ Metal Occlusal

All Metal Restorations
Gradia Indirect Composites

- ○ High Noble Yellow (75%)
- ○ High Noble Yellow (60%)
- ○ High Noble White
- ○ Base (Nickel-Beryllium Free)
- ○ Noble SP-Y Yellow
- ○ Noble Yellow (40%)
- ○ Noble White

Gradia Indirect Composite
- ○ Inlay/Onlay
- ○ Inlay or Maryland Bridge

Full Dentures

- ○ Premium Full Denture
- ○ Classic (Value) Full Denture
- ○ DAL 3D Printed Denture
- ○ Bite Rim
- ○ Custom Tray
- ○ Setup
- ○ Process and Finish
- ○ Reline
- ○ Repair

Partial Dentures

Vitallium 2000 Plus (Metal)
- ○ Conventional Frame
- ○ Equipoise Frame
- ○ Precision Attachment Frame

Flexible (Metal-Free)
- ○ Valplast
- ○ DuraFlex ○ DuraFlex CAD
- ○ Combination w/Metal Frame

- ○ **DAL Second Nature Tooth Colored**
- ○ **DAL Second Nature Clear**
- ○ **Ultaire AKP**
- ○ **Cu-Sil Gasket**

Temps/Bite Splints
DAL Monodont Bridge
Snoring/Sleep Appliances

Resista Temps
- ○ Standard
- ○ Fit to Custom Abutment or Doctor's Prep
- ○ Innercast (Metal Substructure)
- ○ Screw-Retained Implant Crown

DAL Monodont Bridge
- ○ Acrylic Pontic
- ○ Layered Composite Pontic

DAL Bite Splints
- ○ DAL Comfort Splint □ H/S □ Soft
- ○ DAL Skinny Splint □ H/S □ Hard

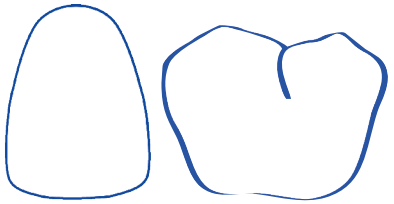
Snoring/Sleep Appliances
- ○ Myerson EMA
- ○ D-SAD
- ○ TAP 3 ○ dreamTAP
- ○ Sleep Herbst
- ○ Dorsal

Fixed & Removable Implant

Final Abutment
- ○ Titanium ○ Gold-Shaded
- ○ Zirconia Hybrid w/Ti Base
- ○ Specific Manufacturer Abutment _____

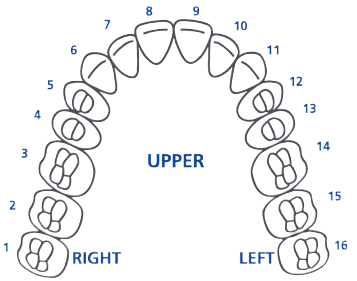
Fixed Implant Restoration
- ○ cubeX² ○ IPS e.max
- ○ cubeONE ○ Base PFM
- ○ BioZ^X2 ○ Noble PFM
- ○ Screw-Retained (One-Piece)

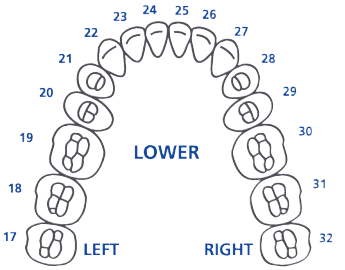
Removable Implant Restoration
- ○ Overdenture/Bar
- ○ Fixed Bridge/All-On-4
- ○ Spark Erosion
- ○ Locator Overdenture



Send photos via our customer web portal!
www.dentalartslab.com

TOOTH NUMBERS
(please circle)





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

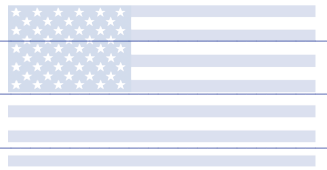
- ○ METAL OCCLUSAL - EXCLUDING BUCCAL CUSP
- ○ FULL METAL OCCLUSAL - W/BUCCAL CUSP

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

ENCLOSURES
- ○ IMPRESSION
- ○ BITE REGISTRATION
- ○ PRE-OP STUDY MODEL
- ○ PHOTO
- ○ TEMPS MODEL
- ○ 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 ____/____/____