



Dental Arts • Springfield

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DR. _____

STREET _____ SUITE _____

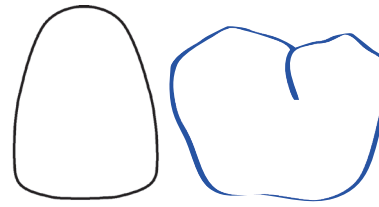
CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

PATIENT NAME _____ AGE: _____ SEX: M F

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

All Ceramics	<input type="radio"/> cubeONE <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> cubeONE ML <input type="radio"/> Full Contour <input type="radio"/> cubeX² <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> BioZ² <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> IPS e.max <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> Celtra Press <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> BruxZir <input type="radio"/> Full Contour <input type="radio"/> DAL EZ <input type="radio"/> Layered (PFZ)	
Porcelain to Metal Restorations	<input type="radio"/> Base (Non-Precious) (Nickel-Beryllium Free) <input type="radio"/> Noble (White Semi-Precious)	<input type="radio"/> High Noble (White Gold) <input type="radio"/> High Noble (Yellow Gold) <input type="radio"/> Captek (High Noble Yellow)	<input type="radio"/> Porcelain Labial Margin <input type="checkbox"/> 180° <input type="checkbox"/> 360° <input type="radio"/> Metal Occlusal
All Metal Restorations	<input type="radio"/> High Noble Yellow (75%) <input type="radio"/> High Noble Yellow (60%) <input type="radio"/> High Noble White <input type="radio"/> Base (Nickel-Beryllium Free)	<input type="radio"/> Noble SP-Y Yellow <input type="radio"/> Noble Yellow (40%) <input type="radio"/> Noble White	<input type="radio"/> Premise Indirect Composite <input type="radio"/> Inlay/Onlay <input type="radio"/> Inlay or Maryland Bridge
Premise Indirect Composites			
Full Dentures	<input type="radio"/> Premium Full Denture <input type="radio"/> Classic (Value) Full Denture <input type="radio"/> DAL 3D Printed Denture	<input type="radio"/> Bite Rim <input type="radio"/> Custom Tray <input type="radio"/> Setup	<input type="radio"/> Process and Finish <input type="radio"/> Reline <input type="radio"/> Repair
Partial Dentures	<input type="radio"/> Vitallium 2000 Plus (Metal) <input type="radio"/> Conventional Frame <input type="radio"/> Equipoise Frame <input type="radio"/> Precision Attachment Frame	<input type="radio"/> Flexible (Metal-Free) <input type="radio"/> Valplast <input type="radio"/> DuraFlex <input type="radio"/> DuraFlex CAD <input type="radio"/> Combination w/Metal Frame	<input type="radio"/> DAL Second Nature Tooth Colored <input type="radio"/> DAL Second Nature Clear <input type="radio"/> Ultaire AKP <input type="radio"/> Cu-Sil Gasket
Temps/Bite Splints	<input type="radio"/> DAL ProTemps <input type="radio"/> Milled PMMA <input type="radio"/> Radica <input type="radio"/> Metal Substructure	<input type="radio"/> DAL Monodont Bridge <input type="radio"/> Acrylic Pontic <input type="radio"/> Layered Composite Pontic	<input type="radio"/> Snoring/Sleep Appliances <input type="radio"/> Myerson EMA <input type="radio"/> D-SAD <input type="radio"/> TAP 3 <input type="radio"/> dreamTAP
DAL Monodont Bridge			
Snoring/Sleep Appliances	<input type="radio"/> Mouthguards <input type="radio"/> ProForm	<input type="radio"/> DAL Bite Splints <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
Fixed & Removable Implant	<input type="radio"/> Final Abutment <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"/> Fixed Implant Restoration <input type="radio"/> cubeX² <input type="radio"/> IPS e.max <input type="radio"/> cubeONE <input type="radio"/> Base PFM <input type="radio"/> BioZ² <input type="radio"/> Noble PFM <input type="radio"/> Screw-Retained (One-Piece)	<input type="radio"/> Removable Implant Restoration <input type="radio"/> Overdenture/Bar <input type="radio"/> Fixed Bridge/All-On-4 <input type="radio"/> Spark Erosion <input type="radio"/> Locator Overdenture



SHADE BLEND

SHADE: _____ PREP SHADE: _____ **TAB ENCLOSED**
MOULD: _____

OCCUSAL STAINING NONE LIGHT MEDIUM HEAVY
OCCUSION LIGHT IN OUT

PONTIC DESIGN (please circle)

POSTERIOR DESIGN
 FULL COVERAGE - NO LINGUAL COLLAR
 FULL COVERAGE - SMALL LINGUAL COLLAR
 METAL OCCUSAL - EXCLUDING BUCCAL CUSP
 FULL METAL OCCUSAL - 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 ____/____/____

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

