Professional 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)	○ High Noble (White Gold)	○ Porcelain Labial Margin □ 180° □ 360°
○ Noble (White Semi-Precious)	○ High Noble (Yellow Gold)	○ Metal Occlusal
	○ Captek (High Noble Yellow)	

All Metal Restorations
Premise Indirect Composites

○ High Noble Yellow (75%)	○ Noble SP-Y Yellow	**Premise Indirect Composite**
○ High Noble Yellow (60%)	○ Noble Yellow (40%)	○ Inlay/Onlay
○ High Noble White	○ Noble White	○ Inlay or Maryland Bridge
○ Base (Nickel-Beryllium Free)		

Full Dentures

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

Partial Dentures

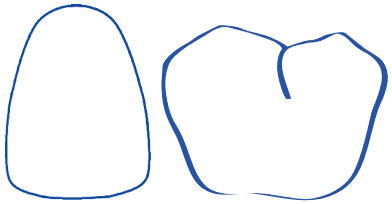
Vitallium 2000 Plus (Metal)	**Flexible (Metal-Free)**	○ **DAL Second Nature Tooth Colored**
○ Conventional Frame	○ Valplast	○ **DAL Second Nature Clear**
○ Equipoise Frame	○ DuraFlex ○ DuraFlex CAD	○ **Ultaire AKP**
○ Precision Attachment Frame	○ Combination w/Metal Frame	○ **Cu-Sil Gasket**

Temps/Bite Splints
DAL Monodont Bridge
Snoring/Sleep Appliances

DAL ProTemps	**DAL Monodont Bridge**	**Snoring/Sleep Appliances**
○ Milled PMMA	○ Acrylic Pontic	○ Myerson EMA
○ Radica	○ Layered Composite Pontic	○ D-SAD
○ Metal Substructure	**DAL Bite Splints**	○ TAP 3 ○ dreamTAP
Mouthguards	○ DAL Comfort Splint □ H/S □ Soft	○ Sleep Herbst
○ ProForm	○ DAL Skinny Splint □ H/S □ Hard	○ Dorsal

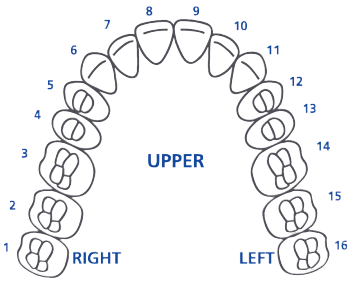
Fixed & Removable Implant

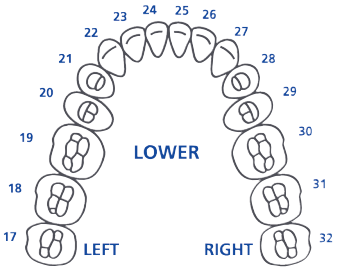
Final Abutment	**Fixed Implant Restoration**	**Removable Implant Restoration**
○ Titanium ○ Gold-Shaded	○ cubeX² ○ IPS e.max	○ Overdenture/Bar
○ Zirconia Hybrid w/Ti Base	○ cubeONE ○ Base PFM	○ Fixed Bridge/All-On-4
○ Specific Manufacturer Abutment	○ BioZ^X2 ○ Noble PFM	○ Spark Erosion
_____	○ Screw-Retained (One-Piece)	○ 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

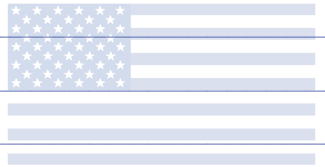
○ REDUCE AND MARK PREP
○ REDUCE AND MARK OPPOSING
○ FABRICATE REDUCTION COPING
○ PLACE METAL ISLAND
○ CALL ME

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