



Ancer Dental Laboratory

A Division of Dental Arts Laboratories, Inc.

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DR. _____

STREET _____ SUITE _____

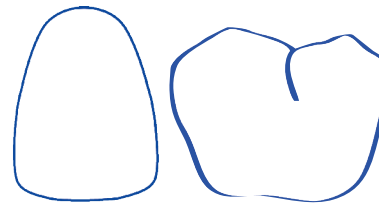
CITY _____ STATE _____ ZIP _____

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"/> VITA Suprinity <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> BruXzir <input type="radio"/> Full Contour	
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 Premise Indirect Composites	<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
Full Dentures	<input type="radio"/> Premium Full Denture <input type="radio"/> Classic (Value) Full Denture <input type="radio"/> DAL FM Full 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"/> 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 DAL Monodont Bridge Snoring/Sleep Appliances	<input type="radio"/> DAL Temps <input type="radio"/> CAD/CAM Milled <input type="radio"/> Radica Long Term <input type="radio"/> DAL Monodont Bridge <input type="radio"/> Acrylic Pontic <input type="radio"/> Layered Composite Pontic	<input type="radio"/> DAL Bite Splints <input type="radio"/> DAL Skinny Clear Hard <input type="radio"/> DAL Skinny Clear H/S <input type="radio"/> DAL Comfort Soft <input type="radio"/> DAL Comfort H/S <input type="radio"/> Astron CLEARsplint <input type="radio"/> CAD/CAM Gelb	<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 <input type="radio"/> Sleep Herbst <input type="radio"/> Dorsal <input type="radio"/> Mouthguards <input type="radio"/> ProForm
Fixed & Removable Implant	<input type="radio"/> Final Abutment Design <input type="radio"/> Cement Crown w/Abutment <input type="radio"/> Screwmentable Two Piece <input type="radio"/> Screw-Retained One Piece <input type="radio"/> Authentic Parts? Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/> Fixed Implant Restoration <input type="radio"/> cubeONE <input type="radio"/> IPS e.max <input type="radio"/> cubeONE ML <input type="radio"/> Noble PFM <input type="radio"/> cubeX ² <input type="radio"/> Layered PFZ <input type="radio"/> BioZ ² <input type="radio"/> Monolithic	<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"/> DAL BioHybrid Bridge



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

or email to
ancer@dentalartslab.com

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

MOULD: _____

OCCUSAL STAINING NONE LIGHT MEDIUM HEAVY
OCCUSION LIGHT IN OUT

PONTIC DESIGN
(please circle)



POSTERIOR DESIGN



IF THERE IS INSUFFICIENT ROOM

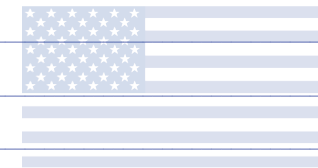
REDUCE AND MARK PREP FABRICATE REDUCTION COPING
 REDUCE AND MARK OPPOSING PLACE METAL ISLAND CALL ME

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 ____/____/____

TOOTH NUMBERS
(please circle)

