



# Dental Arts • Lafayette

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

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

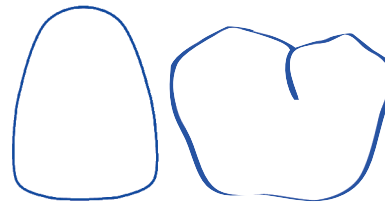
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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"/> <b>cubeONE</b> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> <b>cubeONE ML</b> Full Contour <input type="radio"/> <b>cubeX<sup>2</sup></b> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> <b>BioZ<sup>XL</sup></b> Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> <b>IPS e.max</b> Full Contour <input type="radio"/> Layered <input type="radio"/> <b>VITA Suprinity</b> Full Contour <input type="radio"/> Layered <input type="radio"/> <b>BruXZir</b> Full Contour <input type="radio"/> <b>DAL EZ</b> Layered (PFZ)	
Porcelain to Metal Restorations	<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>Captek</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>
All Metal Restorations Premise Indirect Composites	<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"/> <b>Inlay/Onlay</b> <input type="radio"/> <b>Inlay or Maryland Bridge</b>
Full Dentures	<input type="radio"/> <b>Premium Full Denture</b> <input type="radio"/> <b>Classic (Value) Full Denture</b> <input type="radio"/> <b>DAL FM Full 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>
Partial Dentures	<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>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>
Temps/Bite Splints DAL Monodont Bridge Snoring/Sleep Appliances	<input type="radio"/> <b>DAL Temps</b> <input type="radio"/> <b>CAD/CAM Milled</b> <input type="radio"/> <b>Radica Long Term</b> <input type="radio"/> <b>DAL Monodont Bridge</b> <input type="radio"/> <b>Acrylic Pontic</b> <input type="radio"/> <b>Layered Composite Pontic</b>	<input type="radio"/> <b>DAL Bite Splints</b> <input type="radio"/> <b>DAL Skinny Clear Hard</b> <input type="radio"/> <b>DAL Skinny Clear H/S</b> <input type="radio"/> <b>DAL Comfort Soft</b> <input type="radio"/> <b>DAL Comfort H/S</b> <input type="radio"/> <b>Astron CLEARsprint</b> <input type="radio"/> <b>CAD/CAM Gelb</b>	<input type="radio"/> <b>Snoring/Sleep Appliances</b> <input type="radio"/> <b>Myerson EMA</b> <input type="radio"/> <b>D-SAD</b> <input type="radio"/> <b>TAP 3</b> <input type="radio"/> <b>dreamTAP</b> <input type="radio"/> <b>Sleep Herbst</b> <input type="radio"/> <b>Dorsal</b> <input type="radio"/> <b>Mouthguards</b> <input type="radio"/> <b>ProForm</b>
Fixed & Removable Implant	<input type="radio"/> <b>Final Abutment Design</b> <input type="radio"/> <b>Cement Crown w/Abutment</b> <input type="radio"/> <b>Screwmentable Two Piece</b> <input type="radio"/> <b>Screw-Retained One Piece</b> <input type="radio"/> <b>Authentic Parts?</b> Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/> <b>Fixed Implant Restoration</b> <input type="radio"/> <b>cubeONE</b> <input type="radio"/> <b>IPS e.max</b> <input type="radio"/> <b>cubeONE ML</b> <input type="radio"/> <b>Noble PFM</b> <input type="radio"/> <b>cubeX<sup>2</sup></b> <input type="radio"/> <b>Layered PFZ</b> <input type="radio"/> <b>BioZ<sup>XL</sup></b> <input type="radio"/> <b>Monolithic</b>	<input type="radio"/> <b>Removable Implant Restoration</b> <input type="radio"/> <b>Overdenture/Bar</b> <input type="radio"/> <b>Fixed Bridge/All-On-4</b> <input type="radio"/> <b>Spark Erosion</b> <input type="radio"/> <b>DAL BioHybrid Bridge</b>



Send photos via our customer web portal!  
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SHADE: \_\_\_\_\_ PREP SHADE: \_\_\_\_\_  **TAB ENCLOSED**  
MOULD: \_\_\_\_\_

OCCLUSAL STAINING  NONE  LIGHT  MEDIUM  HEAVY  
OCCLUSION  LIGHT  IN  OUT

PONTIC DESIGN (please circle)

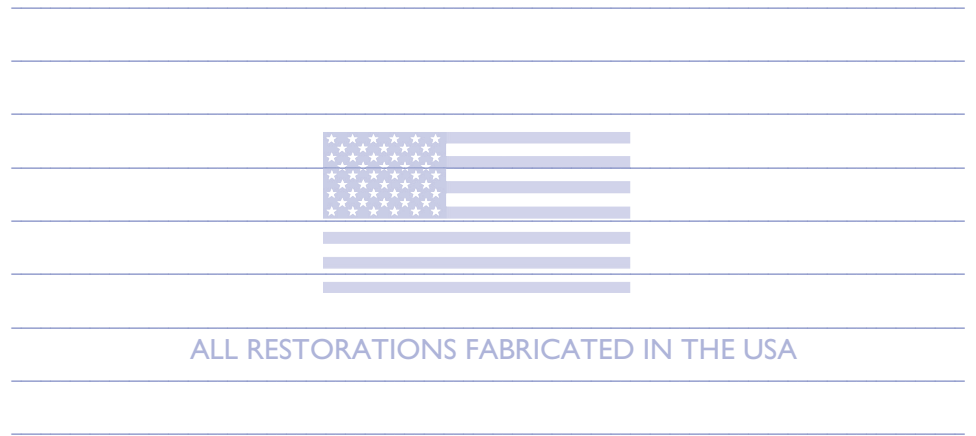
POSTERIOR DESIGN  
 FULL COVERAGE - NO LINGUAL COLLAR  
 FULL COVERAGE - SMALL LINGUAL COLLAR  
 METAL OCCLUSAL - EXCLUDING BUCCAL CUSP  
 FULL METAL OCCLUSAL - W/BUCCAL CUSP

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**



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

