



Dental Arts Laboratories, Inc.

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DR. _____

STREET _____ SUITE _____

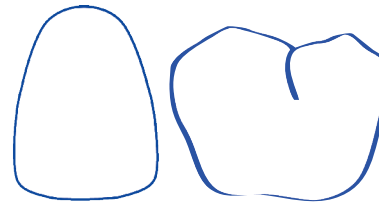
CITY _____ STATE _____ ZIP _____

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 Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> IPS e.max Full Contour <input type="radio"/> Layered
	<input type="radio"/> cubeONE ML Full Contour	<input type="radio"/> VITA Suprinity Full Contour <input type="radio"/> Layered
Porcelain to Metal Restorations	<input type="radio"/> cubeX² Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> BruXZir Full Contour
	<input type="radio"/> BioZ² Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> DAL EZ Layered (PFZ)
All Metal Restorations	<input type="radio"/> Base (Non-Precious) (Nickel-Beryllium Free)	<input type="radio"/> High Noble (White Gold)
	<input type="radio"/> Noble (White Semi-Precious)	<input type="radio"/> High Noble (Yellow Gold)
Premise Indirect Composites	<input type="radio"/> High Noble Yellow (75%)	<input type="radio"/> Noble SP-Y Yellow
	<input type="radio"/> High Noble Yellow (60%)	<input type="radio"/> Noble Yellow (40%)
Full Dentures	<input type="radio"/> Premium Full Denture	<input type="radio"/> Bite Rim
	<input type="radio"/> Classic (Value) Full Denture	<input type="radio"/> Custom Tray
Partial Dentures	<input type="radio"/> Conventional Frame	<input type="radio"/> Valplast
	<input type="radio"/> Equipoise Frame	<input type="radio"/> DuraFlex
Temp/Bite Splints	<input type="radio"/> Precision Attachment Frame	<input type="radio"/> Combination w/Metal Frame
	<input type="radio"/> Vitalium 2000 Plus (Metal)	<input type="radio"/> DAL Second Nature Tooth Colored
DAL Monodont Bridge	<input type="radio"/> DAL Temps	<input type="radio"/> DAL Bite Splints
	<input type="radio"/> DAL Monodont Bridge	<input type="radio"/> Snoring/Sleep Appliances
Snoring/Sleep Appliances	<input type="radio"/> Acrylic Pontic	<input type="radio"/> Mouthguards
	<input type="radio"/> Layered Composite Pontic	<input type="radio"/> ProForm
Fixed & Removable Implant	<input type="radio"/> Cement Crown w/Abutment	<input type="radio"/> Fixed Implant Restoration
	<input type="radio"/> Screwmentable Two Piece	<input type="radio"/> Removable Implant Restoration



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

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

OCCUSAL STAINING NONE LIGHT MEDIUM HEAVY
OCCCLUSION LIGHT IN OUT

PONTIC DESIGN (please circle)

POSTERIOR DESIGN

FULL COVERAGE - NO LINGUAL COLLAR METAL OCCUSAL - EXCLUDING BUCCAL CUSP

FULL COVERAGE - SMALL LINGUAL COLLAR FULL METAL OCCUSAL - W/BUCCAL CUSP

IF THERE IS INSUFFICIENT ROOM

REDUCE AND MARK PREP FABRICATE REDUCTION COPING CALL ME

REDUCE AND MARK OPPOSING PLACE METAL ISLAND

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 ___/___/___

