

(FOR LAB USE ONLY)

PREP DATE : \_\_\_\_\_ DUE DATE : \_\_\_\_\_

Due Date: 11th day (Working day, Mon-Fri),  
or 14th day for premium service implants/metal frame.  
Please count it from the day you shipped.

Pl. # \_\_\_\_\_

DENTAL OFFICE : \_\_\_\_\_

DR. NAME : \_\_\_\_\_

PATIENT NAME : \_\_\_\_\_ AGE: \_\_\_\_\_  M  F



DENTAL LABORATORIES

| 972.943.5858 (direct) | 844.943.5858 (Toll Free) | www.esdentallabs.com |

| 5345 Towne Square Dr, Ste 105 | Plano, TX 75024 | tx@esdentallabs.com |

**CROWN & BRIDGE**

**PORCELAIN FUSED TO METAL**

- Gold
- Semi-Precious
- Non Precious

**VENEER / CROWN / INLAY / ONLAY**

- Esthetic Zirconia
- Full Contour Zirconia
- Glass Ceramic Veneer

**METAL CROWN / INLAY / ONLAY**

- Yellow Gold
- White Gold
- Semi Precious
- Non Precious

**POST**

- 75% Gold
- 40% Gold
- Semi Precious
- Non Precious

**OTHER**

- Diagnostic Wax Up
- Provisional Restoration

\* PREMIUM SERVICE (extra charge)  Yes  No

**SPECIAL INSTRUCTIONS**

**IF THERE IS NOT ENOUGH CLEARANCE:**

- Adjust Opposing Tooth
- Make Metal Lingual/Occlusal
- Trim Abutment (Just mark on abutment)

**INTERPROXIMAL CONTACTS**

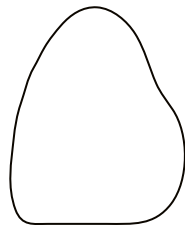
- Light
- Medium
- Heavy

**OCCLUSAL CONTACT**

- Out (0.3mm sub)
- Light
- Contact

TOOTH # \_\_\_\_\_

**SHADE**



**OCCLUSAL STAIN**

- None
- Light
- Medium

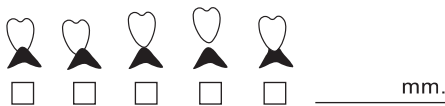
Please e-mail photos to : [tx@esdentallabs.com](mailto:tx@esdentallabs.com)

STUMP SHADE : ( \_\_\_\_\_ )

**METAL DESIGN**



**PONTIC DESIGN**



**OPTIONS**

- Porcelain Margin
- 360° Porcelain Margin
- Rest Seat
- Guide Plane

Return all except gold copy.

\_\_\_\_\_  
SIGNATURE OF DENTIST

\_\_\_\_\_  
DENTIST LICENSE #

The person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

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Impressions		Solid Models			
Bite Registrations		Study Models			
Opposing Models		Slide / Picture / CD			
Master Models		Crowns			Receive Date