



4710 Ruffner St., San Diego, CA 92111

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shade@sandiegodentallab.com

Prep Date: _____ Deliver case by 5:00 PM on: _____

Doctor's Name: _____

Patient: Last Name: _____

Patient: First Name: _____

- Male Female
 Die Trim Metal Try In

- Age: _____
 Bisque Bake Finish

Enclosed With Case

Impression Model Temp
 Model Pre-op Model
 Bite Photo
 Opposing Other

Type of Restoration

- PFM
 FGC/FMC
 Captek
 Lava Zirconia
 Perfect Zirconia
 Bruxzir
 Perfect Solid Zirconia
 Perfect Solid Zirconia w/porcelain facing
 Emax
 Empress
 Lumineers
 Composite
 Implant Crown

Type of Metal/Ceramic Metal

- Yellow Gold*
 White Gold*
 Semi Precious*
 Titanium
 Non Precious

Buccal/Labial Margin

- Metal/Porcelain Junction Margin
 Porc. Margin (90° Shoulder Required)
 360° Metal Margin .mm: _____
 No Metal on Lingual

Implant Information

- Name of Implant System: _____
 Cement Retained Screw Retained
 Single Unit or Splinted
 Implant Diameter: _____
 Surgical Stent

Aesthetic Parameters/Diagnostic Wax Up

- Prep Model
 Open Vertical
 Shift Midline
 Shape and Contour
 Match Existing
 Make Ideal
 Smile Guide #: _____
 Temp Stent Vacuum
 Type of Future Restoration: _____
 Duplicate Model

Incisal Embrasure

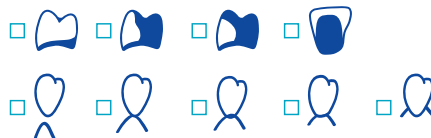
- Rounded
 Square
 Open

Occlusal Contact

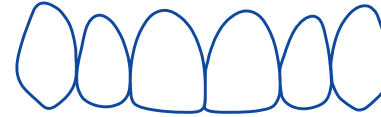
- Out Light Contact

Proximal Contact

- Out Light Contact



Shade Information



Desired Shade



Shade of Prep



Types of Shade Guide

- Vita Classic Chromoscope
 Vita 3D Guide Bioform
 Other: _____
 Smile Guide #: _____

Purpose of Restoration

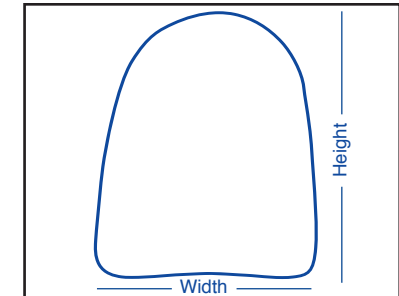
- Change Shade Lengthen
 Close Diastema Correct Alignment
 Tetracycline Stain
 Other: _____

OFFICE USE ONLY

Case#: _____ Pan#: _____

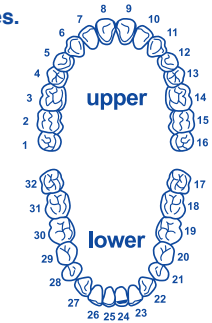
- | | | |
|---------------------------------|-----------------------------------|---------------------------------|
| Surface Characteristics | Surface Glaze | Occlusal Staining |
| <input type="checkbox"/> Smooth | <input type="checkbox"/> Shiny | <input type="checkbox"/> None |
| <input type="checkbox"/> Medium | <input type="checkbox"/> Medium | <input type="checkbox"/> Light |
| <input type="checkbox"/> Rough | <input type="checkbox"/> Polished | <input type="checkbox"/> Medium |
| | | <input type="checkbox"/> Heavy |

Custom Shade



Please provide stump/prep shade on all anterior cases.
Please provide study models on all anterior teeth.

- Lab To Call Dr. Office Send More Lab Slips



Doctor's Signature: _____ Date: _____ License #: _____

ALL LOCAL ACCOUNTS THAT REQUIRE SAME DAY PICK-UP MUST BE IN BEFORE 12:00 PM. CALLS AFTER 12:00 PM WILL BE PICKED UP THE FOLLOWING BUSINESS DAY.

* Additional fee will be added depending on the market place.
 ** We work with: Straumann Cares, Cerec Connect, C.O.S., Itero.

Terms and Conditions

By the Dentist submitting this form ("Agreement") to Perfect Smile Dental Ceramics, Inc. (Perfect Smile) the dentist agrees to a contract for the sale and delivery of the specially manufactured goods herein ("Product"). This Agreement is subject to the following terms and conditions.

1. Payment is due in full after receipt of goods. Dentist agrees to pay in full the stated price of product plus any late payment penalties plus all cost of collection, including but not limited to, attorneys fees if any. Dentist further agrees to pay a late penalty of 1.5% per month charged upon unpaid balance. Such late penalty shall commence 30 days after receipt of monthly statement. In the event that any order submitted by Dentist is cancelled for any reason before shipment, Dentist shall pay any loss or damage to Perfect Smile Dental Ceramics, Inc.
2. Dentist has the right to inspect Product prior to acceptance in a reasonable time and reasonable manner. Failure to reasonably notify and return Product within 10 business days after receipt of Product to Perfect Smile shall constitute acceptance. Other forms of acceptance include, but are not limited to cementing Product in the mouth or requesting a change of shade, preparation, bites or design modification of any sort.
3. Where Dentist rejects nonconforming Product and such nonconformance is the fault of Dentist, Dentist must give Perfect Smile the opportunity to provide a conforming tender within a reasonable time and Dentist bear the burden of all related costs, including but not limited to the costs of Product and shipment. Where Dentist rejects nonconforming Product and such nonconformance is the fault of Perfect Smile, Dentist must give Perfect Smile the opportunity to provide a conforming tender within a reasonable time at the original contract price.
4. Should Perfect Smile fail to provide a conforming Product in a reasonable time, Dentist's remedies are limited to the return of the goods and repayment of the contract price or to repair and replacement of nonconforming Product by Perfect Smile Dental.
5. Where Dentist requests remanufacture of a Product, Dentist agrees to resubmit all original goods including but not limited to original impressions, models and restoration(s). Perfect Smile must have original goods to assess possible restoration replacement or repair cost to Dentist and to determine if original Product is repairable or necessitates remanufacture.
6. Dentist must thoroughly and carefully clean all blood and saliva from all materials used in the mouth, and disinfect all of these items before sending to laboratory.

Additional fee will be added to those cases depending on the current market price for metal

Time Schedule

10 Business Days

Rush Schedule

All Rush Cases Must be Pre-Approved

6 days rush charge – 25%

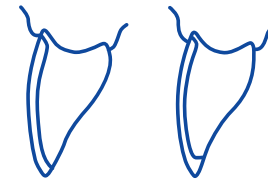
5 day rush charge – 30%

4 day rush charge – 50%

24 hour rush – 2.5 x Normal Fee

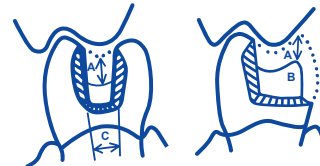
Preparation Guidelines for All Ceramic/Composite

A. 0.7 to 1.0mm labial reduction



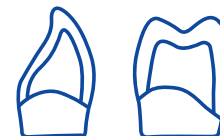
Porcelain Laminate

- A. 1.5 – 2.0mm reduction.
- B. Round all sharp line angles.
- C. Proximal and occlusal walls should have 6 – 8 degrees taper.



Inlay/Onlay

Labial
Lingual = 1.0 – 1.5mm
Interproximal



Metal - Free Crown

FOR OFFICE USE ONLY

PERFECT SMILE DENTAL CERAMICS QUALITY CONTROL CHECK LIST

DATE	NAME
	MODEL WORK
	ARTICULATION
	DIE TRIM
	WAX UP
	METAL FINISH
	OPAQUE
	PORCELAIN MARGIN
	BUILD UP
	GLAZE
	POLISH
	REPAIR
	LOT#
*Quality Control Check *Microscope Check	
ARTICULATION	
MORPHOLOGY	
OCCLUSION	
CONTACT	
METAL - FIT	
MARGINS	
PORCELAIN MARGIN	
GLAZE	

***Signature _____