

DATE SENT:

DUE DATE:



**PERFECT SMILE**  
DENTAL CERAMICS

Lab Name:

Contact Person: \_\_\_\_\_

Patient Name or Pan Number: \_\_\_\_\_

\*Location on File CHECK HERE [  ]

Lab Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Unit Numbers:** Use a dash to show a bridge (2-6) and a comma for singles (2, 3, 4)

Shade:

DATE IN:

**R x**

**MATERIALS:** Please Circle Desired Material

ADMZ Substructure	Lava Classic / Lava Plus
ADMZ Full Contour	Lava Ultimate
ADMZ Abutment Tit / Zir / Hybrid	BruXZir Solid Zirconia
	Straumann Abutment Tit / Zir

**PARAMETERS:**

**Coping Thickness:**

ADM Standard Settings (0.50 mm) [  ]

Custom Settings (0.40 to 2.00mm) [  ] \_\_\_\_\_mm

**Cement Gap:**

ADM Standard Settings (0.08 mm) [  ]

Custom Settings (0.00 to 0.15 mm) [  ] \_\_\_\_\_mm

**DESIGN:**

**Finish Margins?: [Yes] or [No]**

[  ] Ideal

Pontic Design Instructions:

[  ] End to End

[  ] Follow Wax-up Sent

**ADDITIONAL INSTRUCTIONS / INFO:**

Please send: [  ] Rx Pad [  ] Prep Guide [  ] Acutech Shade Conversion Guide

[  ] Call Me - I would like to talk about the case

**For Custom Abutments:** Margin \_\_\_\_\_mm below tissue.

Type(s) \_\_\_\_\_ Size(s) \_\_\_\_\_

*You + Perfect Smile*  
= Success

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