

DATE SENT:

DUE DATE:



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:

Rx

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

PERFECT SMILE DENTAL CERAMICS



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