Dental Office (REQUIRED)

Michael's Dental Lab

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(615) 554-9945
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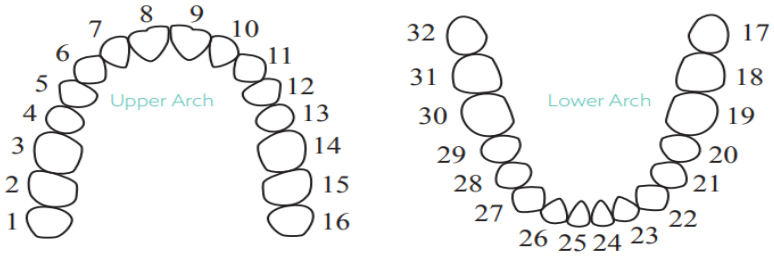
www.michaelsdentallab.com

Dentist Signature (REQUIRED)		**License Number** (REQUIRED)	

Rx Date	**Patient Name** (REQUIRED)	**Due Date**



Tooth Shade

(REQUIRED)

Shade Guide

(**Vita** is default if left empty)

Zirconia/ All Ceramic

- ☐ Zirconia Solid* (Not recommended for anterior).
- ☐ Zirconia Layered
- ☐ IPS e.max® Press

PFM

- ☐ White HN
- ☐ Semi-precious
- ☐ Non-precious
- ☐ Yellow HN (for PFM)

Full Cast

- ☐ Yellow HN Gold
- ☐ White HN
- ☐ Semi-precious
- ☐ Non-precious

* Standard design | Lab Default.

Restoration

- ☐ Crown*
- ☐ Bridge
- ☐ Implant
  - ○ Screw Retained
  - ○ [Custom Titanium Abutment]

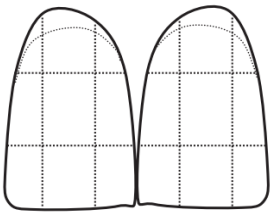
Return For

- ☐ Die trim
- ☐ Bisque
- ☐ Metal try-in
- ☐ Finish*

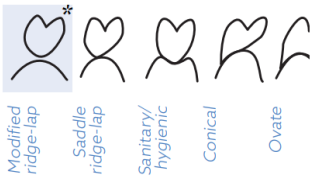
Other

- ☐ Diagnostic wax-up
- ☐ Temporary

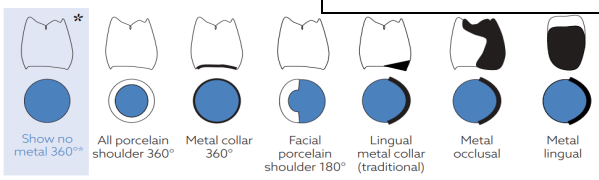
Characterizations



Pontic Design



Margin Design



Insufficient room

- ☐ Trim Opposing*
- ☐ Trim prep no coping
- ☐ Call to discuss

Occlusal Contact

- ☐ Light*
- ☐ Open
- ☐ Tight

Interproximal Contact

- ☐ Light*
- ☐ Medium
- ☐ Heavy
