Dr. Name: _____ Address: _____

Print Patient Name: _____ Phone: _____

Due Date: _____ Time: _____ Today's Date: _____

Male: _____ Female: _____ Age: _____ Enclosed with case: □ Impressions □ Models □ Bite □ Photos

Implant Enclosed: □ Analog □ Abutment □ Impression Post □ Other:

SMILE DESIGN CENTER Jade Dental Laboratory

37W391 Keslinger Road • Geneva, Illinois 60134
(630) 232-1050 • FAX (630) 232-8840

PORCELAIN ALLOY

- □ **Porcelain to Metal Crn**
- □ **Porc to Metal Bridge**
- □ **Butt Joint**

- □ **NP**
- □ **SP**
- □ **PG**
- □ **YELLOW PG (New)**

FULL CAST CROWN and ALLOY

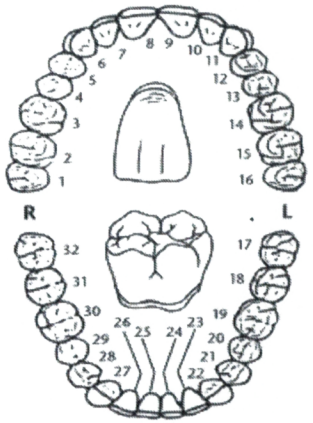
- □ **YHN: Yellow High Nobel 40% Au**
- □ **YN: Yellow Nobel 2% Au**
- □ **White Nobel**

- □ **NP**

TOOTH

_____

Description of work requested:



Implant Type:

Ref. #

☐ **Digital Model**

IF NO OCCLUSAL CLEARANCE

- □ Call doctor
- □ Spot opposing
- □ Metal occlusion
- □ Metal Island
- □ Make this a permanent note in my master file

Pontic Design

Tooth # / Implant Size

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

ALL CERAMIC

ZIRCONIA

- □ BRUXUR CROWN
- □ LAYERED CROWN
- □ SUPER HIGH TRANSLUCENCY CROWN
- □ BRUXUR BRIDGE
- □ LAYERED BRIDGE

CELTRA, AMBER E.MAX

- □ SOLID CROWN
- □ LAYERED CROWN
- □ VENEER
- □ PORCELAIN VENEER

IMPLANT CROWNS

- □ CELTRA, AMBER, E.MAX IMPLANT CROWN
- □ ZIRCONIA IMPLANT CROWN
- □ ZIRCONIA LAYERED IMPLANT CRN
- □ SP IMPLANT CROWN
- □ PG IMPLANT CROWN
- □ SCREW-RETAINED ZIRCONIA CROWN
- □ SCREW-RETAINED SP CROWN
- □ NOBEL BIOCARE ASC ZIRC CROWN
- □ ATLANTIS ASA ZIRCONIA CROWN
- □ SP ASC CROWN or BRIDGE (non-OEM)

IMPLANT ABUTMENTS

- □ **ONLY OEM PARTS**
- □ **ECONOMY NON-OEM PARTS**

- □ ATLANTIS TITANIUM ABUTMENT
- □ ATLANTIS ZIRCONIA ABUTMENT
- □ PROCERA TITANIUM ABUTMENT
- □ PROCERA ZIRCONIA ABUTMENT
- □ OEM TITANIUM ABUTMENT
- □ OEM ZIRCONIA ABUTMENT
- □ TITANIUM CUSTOM ABUT (non-OEM)
- □ ZIRCONIA CUSTOM ABUT (non-OEM)

TRINIA

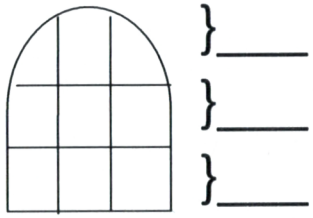
- □ MARYLAND BRIDGE
- □ ALL-ON-FOUR

OTHER

- □ FLEX TEMP
- □ LONG-TERM TEMP
- □ GLASS-FILLED COMPOSITE
- □ DIAGNOSTIC WAX UP

SHADE

- □ Photo enclosed
- □ Photo emailed to jcrown333@aol.com
- □ Doctor's email address:



}_____

}_____

}_____

DOCTOR'S SIGNATURE: _____ LIC NO. _____