

DR. _____ Patient _____

Address _____ Sex: M F
 ORDER DATE / / DUE DATE / / Return Case to Office by 5:00P.M. on

CROWN / BRIDGE

RESTORATION : Crown Veneer Bridge Inlay / Onlay Post & Core

ALL CERAMIC RESTORATIONS Full Zirconia (with High Strength) Full Zirconia (with High Translucent) PFZ (Porcelain Layered Zirconia) E.Zmax (Zirconia Occl./Lingual PFZ) e.max (Press / CAD) Composite

FULL CAST CROWN Titanium Non-Precious Semi-Precious Gold

METAL - CERAMIC PFM Titanium PFM Non-Precious PFM Semi-Precious PFM White High Noble PFM Yellow High Noble

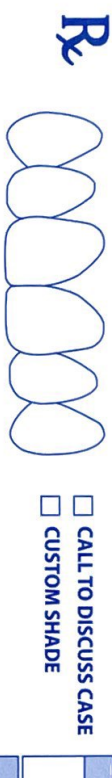
METAL DESIGN (Circle)

PONTIC DESIGN

OTHERS Temporary Crown Diagnostic Wax-Up Fit to Partial Rest Seat On _____

BUCCAL MARGIN Metal-Porcelain Junction Margin Metal Margin on Buccal (_____ mm) Porcelain Butt Margin

If No Clearance ? Reduce & Mark Opposing Metal Occlusal / Lingual Reduction Coping Please Call Dentist



Shade _____

Stump Shade _____



IMPLANT

IMPLANT TYPE Screw-Retained Cement-Retained

IMPLANT ABUTMENT Custom Titanium Abutment Custom Hybrid Abutment Stock Abutment TI - Base

ADDITIONAL OPTION Abutment Seating Jig Gold-Hue Abutment Splint Restorations

ABUTMENT EMERGENCE PROFILE

Implant System : _____

Implant Location / Tooth # _____

Implant Platform / Size _____

Surgical Placement Tissue Displacement No Tissue Displacement

FULL ARCH IMPLANT (All on 4 / 6 / more)

MATERIAL TYPE Hybrid (TI Bar / Acrylic) Solid Zirconia Premium Implant Bridge (Titanium Frame / Single Crown)

BAR TYPE Hader (Clip) Locator Hader / Location Hybrid

REMOVABLE

FULL DENTURE Upper Lower

PARTIAL DENTURE Upper Lower

Rigid (Acrylic with Titanium Metal Frame) Flexible (Valplast) Flipper

GUM SHADE Light Pink Standard Pink Light Meharry Dark Meharry Hard / Soft Hard Soft Upper Lower

OTHER Stayplate Wire Clasp Bell Clasp Custom Tray Bite Block Reline Repair Rebase Bleaching Tray

TEETH TYPE Regular Premium

FRAMEWORK Titanium Framework Only



WAND DENTAL LAB
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 (708) 343-WAND (9263)
 (877) 343-WAND (9263)

Dr's Signature _____ Lic. # _____