EMPIRE Dental Laboratories

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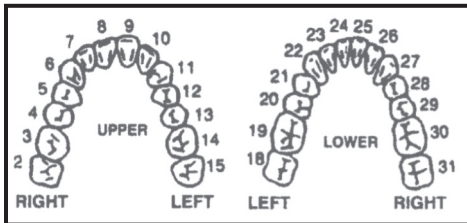
DR _____ Date Sent _____ Return Date _____

Address _____ City _____ State _____ Zip _____

Phone (____)_____ Patient Name _____ ❑ Male ❑ Female Age _____



FIXED RESTORATIONS

❑ Crown
❑ Bridge
❑ Veneer
❑ Inlay/Onlay

NOTES & INSTRUCTIONS

For this C&B or Impant case, Dr prefers: ❑ Try-in ❑ Finish

Dr. would like Empire to call on cell phone: _ _ _ - _ _ _ - _ _ _ _

Dr's. email: _____
(provide email if Dr. needs Empire Dental Lab to send info)

MATERIALS

❑ Non-Precious ❑ Semi-Precious
❑ High Noble White Gold ❑ High Noble Yellow Gold ❑ Type III
❑ Full Contour Zirconia ❑ Zirconia w/ Layered Porcelain
❑ e.max CAD ❑ e.max Press ❑ Provisional ❑ Composite

IMPLANTS

❑ Cementable ❑ Screw Retained
Abutment: ❑ Titanium ❑ Zirconia ❑ Custom Gold
Crown: ❑ PFM ❑ Zirconia ❑ e.max Bridge: ❑ PFM ❑ Zirconia
DR sent Parts: ❑ No ❑ Yes (specify)

CAD/CAM OVERDENTURE TITANIUM BARS

❑ Hybrid ❑ Hader ❑ Free Shape
❑ Attachments: Please specify below

SHADE

TOOTH DESIGN

Staining: ❑ Light ❑ Medium ❑ Dark
Occlusion: ❑ Out ❑ Light ❑ Ideal ❑ Open ____mm
Contacts: ❑ Light ❑ Tight

REMOVABLE ❑ Upper ❑ Lower

❑ Ticonium Cast Partial Framework
❑ Bite Block ❑ Hard Nightguard ❑ Hard/Soft Nightguard ❑ Flexible Partial
❑ Custom Tray ❑ Acrylic Complete Denture
❑ Process & Finish ❑ Acrylic Partial Denture ❑ Reline ❑ Re-Construct ❑ Repair

MARGIN DESIGN

❑ No Metal Showing ❑ Porcelain Butt Margin
❑ Metal Hairline or____mm On Buccal

IF NO OCCLUSAL CLEARANCE

❑ Metal Occlusion ❑ Reduction Coping
❑ Trim Opposing Tooth

ENCLOSED WITH CASE

❑ Impressions ❑ Models ❑ Photos Enclosed ❑ Bite Registration ❑ Dr.'s Articulator
❑ Payment ❑ I will email photo(s) to info@empiredentallaboratories.com

Signature _____ License # _____

THANK YOU, WE APPRECIATE YOUR BUSINESS! • ALL OF OUR PRODUCTS ARE MADE IN THE USA!