



LABORATORY

1-800-368-8482

www.dentalmasters.com

Dr. Name _____
 Address _____
 Date Sent _____
 Patient _____ / _____
 Last _____ First _____

Dr. Phone _____
 City/State/Zip _____

Deliver by 5 p.m. on: _____
 See Back for Lab Times

Sex: Male Female Age: _____
 Other: _____

PLEASE SEND:
 UPS Labels Boxes
 Lab Bags Bio-Hazard Bags Rx's

Enclosed with case: Crown(s)
 Impressions Models Bite Photos

Call Doctor Before Proceeding

Return for Die Trim

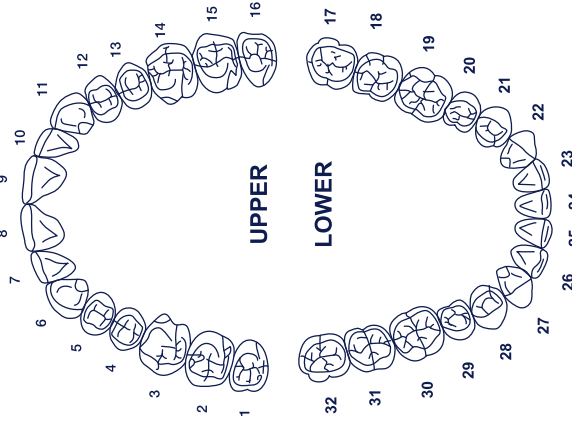
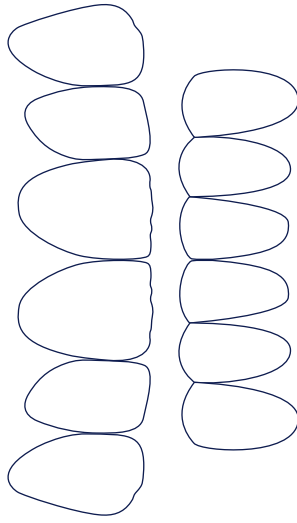
SHADE INSTRUCTIONS

Please indicate shade and ideally provide intraoral photos of dentition (attach to Rx or email to photos@dentalmasters.com)

Shade: _____

Dentin Shade: _____

CHARACTERIZATION & HUE



Signature(Required) _____ License No. _____

This is a two page form. I understand my signature here indicates my agreement to the terms and conditions on the back page.

<p>MONOLITHIC ZIRCONIA</p> <p><input type="checkbox"/> ZirTek® Pronto-Esthetic <input type="checkbox"/> ZirTek® Pronto-Full-Strength</p>	<p>FULL CAST CROWN</p> <p><input type="checkbox"/> YHN - NobleCAD (55% Au) Type III <input type="checkbox"/> YN - NobleCAD (2% Au) Type III <input type="checkbox"/> Conventional Crown-Specify Alloy Type _____</p>	<p>COMBINATION CROWNS & RPD</p> <p><input type="checkbox"/> Crown Under Future or Existing RPD <input type="checkbox"/> Use Attachment: _____</p>
<p>PORCELAIN TO ZIRCONIA</p> <p><input type="checkbox"/> ZirTek® Pressed <input type="checkbox"/> ZirTek® MasterCraft (Porcelain Facial)</p>	<p>RESIN NANO CERAMIC</p> <p><input type="checkbox"/> Lava™ Ultimate-Inlay or Onlay</p>	<p>PROVISIONALS</p> <p><input type="checkbox"/> MasterTemp™ <input type="checkbox"/> MasterTemp™ Multi-Year</p>
<p>PORCELAIN TO METAL</p> <p><input type="checkbox"/> High Noble: <input type="checkbox"/> Yellow <input type="checkbox"/> White <input type="checkbox"/> Noble - White <input type="checkbox"/> Non-Precious</p>	<p>IMPLANT ABUTMENTS</p> <p><input type="checkbox"/> Titanium <input type="checkbox"/> Gold-Colored Titanium <input type="checkbox"/> Ti Base <input type="checkbox"/> Alloy - Custom Cast</p>	<p>Abutments #(s) _____ Pontic #(s) _____ <input type="checkbox"/> Splinted* <input type="checkbox"/> Individual Units</p>
<p>ALL-CERAMIC</p> <p><input type="checkbox"/> IPS e.max® CAD <input type="checkbox"/> IPS e.max® Press <input type="checkbox"/> IPS e.max® Empress Esthetic <input type="checkbox"/> Cutback & Layer Restoration</p>	<p>Specify Implant Company: _____ Specify Brand & Diameter: _____</p>	<p>OCCLUSAL STAIN</p> <p><input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p>

*Standard unless specified otherwise