



3747 Sunset Blvd Suite B. West Columbia, SC 29169  
Tel: (803) 445-1144 DentalLabSolutions.com

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Patients Name: \_\_\_\_\_

Rx Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

**FIXED RESTORATIONS (Please )**

PFM	Full Metal Cast	Metal Free
<input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> High Noble	<input type="checkbox"/> FMC Non-Precious <input type="checkbox"/> FMC Semi-Precious <input type="checkbox"/> FMC High Noble White <input type="checkbox"/> FMC High Noble Yellow	<input type="checkbox"/> Full / Solid Zirconia <input type="checkbox"/> HT Solid Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> e.Max CAD / Pressed

**Anteriors**

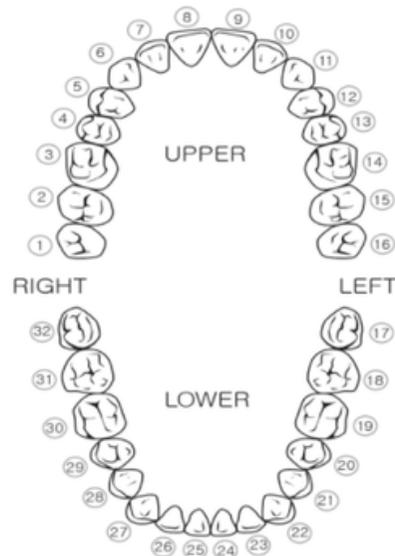
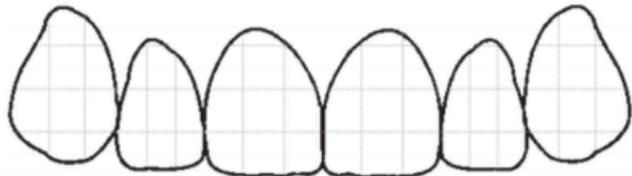
- Metal Coping
- Metal Lingual
- 3/4 Metal lingual

**Posteriors**

- Metal Coping  
All porcelain coverage
- Metal Occlusal  
Excluding buccal cusp
- Metal Occlusal  
Including buccal cusp

**Buccal Margin**

- Metal Margin  
Hairline or \_\_\_\_ mm
- Porcelain Margin
- Metal Porcelain  
Junction Margin



**REMOVABLE RESTORATIONS (Please )**

Dentures	Cast Metal Partials	Orthodontic										
<input type="checkbox"/> Standard <input type="checkbox"/> Premium <input type="checkbox"/> Custom Tray <input type="checkbox"/> Ball Clasp <input type="checkbox"/> Cast Clasp <input type="checkbox"/> Bite Block / Base Plate <input type="checkbox"/> Wire Reinforcement	<input type="checkbox"/> Cast Partial <input type="checkbox"/> CP Unilateral <input type="checkbox"/> CP Subframe w/ Flexible Partial <input type="checkbox"/> Vitallium 2000	<input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Space Maintainer <input type="checkbox"/> Expansion Schwarz <input type="checkbox"/> Rapid Maxillary Expander <input type="checkbox"/> Twin Block										
	Flexible Partials	Shade										
	<input type="checkbox"/> Valplast <input type="checkbox"/> Flex Partial Tooth Addition	<table border="0"> <tr> <th>Acrylic</th> <th>Flexible</th> </tr> <tr> <td><input type="checkbox"/> Lucitone</td> <td><input type="checkbox"/> Pink</td> </tr> <tr> <td><input type="checkbox"/> Deluxe</td> <td><input type="checkbox"/> Meharry</td> </tr> <tr> <td><input type="checkbox"/> Economy</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dark</td> <td></td> </tr> </table>	Acrylic	Flexible	<input type="checkbox"/> Lucitone	<input type="checkbox"/> Pink	<input type="checkbox"/> Deluxe	<input type="checkbox"/> Meharry	<input type="checkbox"/> Economy		<input type="checkbox"/> Dark	
Acrylic	Flexible											
<input type="checkbox"/> Lucitone	<input type="checkbox"/> Pink											
<input type="checkbox"/> Deluxe	<input type="checkbox"/> Meharry											
<input type="checkbox"/> Economy												
<input type="checkbox"/> Dark												
	Repairs / Relines											
	<b>Relines</b> <input type="checkbox"/> Hard <input type="checkbox"/> Soft <b>Repairs</b> <input type="checkbox"/> Tooth <input type="checkbox"/> Fractures <input type="checkbox"/> Clasp											
	Nightguards											
	<input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Hard / Soft											
		Tooth Shade _____ Tooth Mold _____ Tooth Make _____										

**Rx** SPECIFIC INSTRUCTIONS :

Shade \_\_\_\_\_

**Please Send**

- RX Forms
- Boxes
- Mailing Labels

**Enclosures** Lab Use Only

- Photo(s)
- Analog
- Models
- Implant Pa...
- Impression
- Bite
- Shade Tab
- Other \_\_\_\_\_

Dr. Signature \_\_\_\_\_ License # \_\_\_\_\_