



Fixed Lab Sheet

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Case Number:

Due Date:

If Due Date is less than 10 working business days in lab case is considered a "rush" and subject to fees.

Location:

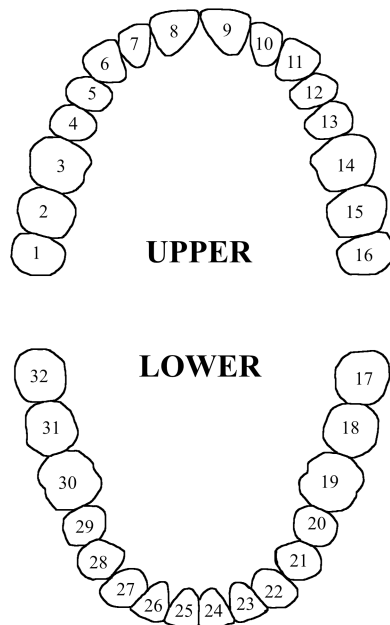
Date:

ITEM

Dentist Name:

Patient Name:

- PFM Non-Precious
- PFM Semi-Precious
- PFM Cr-Co (Nickel Free)
- PFM White/Yellow Gold
- Full Contour Zirconia
- Layered Zirconia
- IPS E.max
- Full Cast Crown Non-Precious
- FCC NPG (Non-Precious Gold)
- Full Cast Crown Semi-Precious
- Full Gold Crown - Precious
- Post + Crown
- Temporary
- Implant Crown
- Custom Abutment
- OEM Parts



Instructions:

Pontic Design

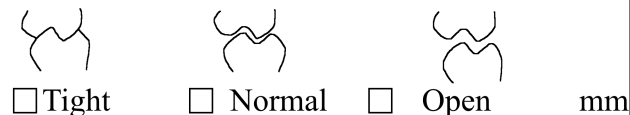


Metal Design

- | | |
|--|--|
| <input type="checkbox"/> No Collar | <input type="checkbox"/> Metal Lingual |
| <input type="checkbox"/> Porcelain Butt Margin | <input type="checkbox"/> Metal Occlusal No Buccal Cusp |
| <input type="checkbox"/> Metal Lingual Band: _____mm | <input type="checkbox"/> Metal Occlusal With Buccal Cusp |
| <input type="checkbox"/> Metal Lingual Button | <input type="checkbox"/> 360° Metal Band _____mm |

Single Crown **Bridge** **Splint**
Veneer

Bite



Bite: NO

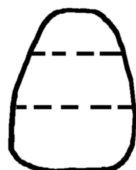
Impression: NO

Model: NO

Old Crown: NO

Other:

Shade: _____



Die Space 1 2 3

Contact Point Normal Broad