



NATURA-LIKE DENTAL LABORATORY

FULL SERVICE DENTAL LAB

2012 PLAZA DR. BEDFORD, TX 76021

Metro : (817) 267-2502

Toll Free : 1-888-383-2502

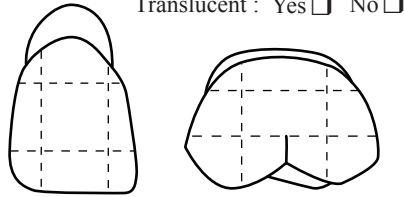
Dr. Name	Patient's Name	Age	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Dental Office	Due Date _____ / _____ / Before 5:00PM Month Day Time		

TYPE OF RESTORATION

- | | | |
|--------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> PFM (Base) | <input type="checkbox"/> PFM (Noble) | <input type="checkbox"/> Full Zirconia (Bruxer) |
| <input type="checkbox"/> PFM (White High Noble) | <input type="checkbox"/> Layered Zirconia | <input type="checkbox"/> IPS e.max® (All Ceramic) |
| <input type="checkbox"/> PFM (Yellow High Noble) | <input type="checkbox"/> IPS e.max® (Veneer/Inlay/Onlay) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | | |
| ----- | | |
| <input type="checkbox"/> Full Cast Crown (Base) | <input type="checkbox"/> Return for Die Trim | <input type="checkbox"/> Metal Try-In |
| <input type="checkbox"/> Full Cast Crown (Yellow Noble) | <input type="checkbox"/> Bisque Try-In | |
| <input type="checkbox"/> Full Cast Crown (Yellow High Noble) | | |
| ----- | | |
| <input type="checkbox"/> Porcelain Butt Shoulder | | |
| <input type="checkbox"/> 360° Metal Margin | | |
| <input type="checkbox"/> No Lingual Metal Band | | |

Tooth # : _____

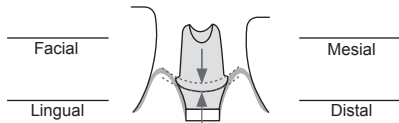
Shade : _____



Implant Custom Abutment

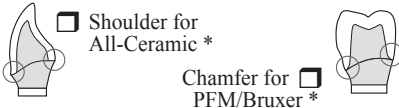
- Titanium Abutment Zirconia Abutment Zirconia w/ Ti Base Abutment

ABUTMENT MARGIN DEPTH



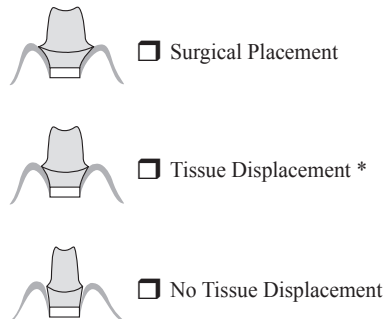
If left blank, default values will be used

ABUTMENT MARGIN DESIGN



* Standard unless specified otherwise

ABUTMENT EMERGENCE PROFILE



REMOVABLE RESTORATION

Arch

- Upper Denture
 Lower Denture
 Upper Partial
 Lower Partial

Material

- Cast Chrome
 Acrylic
 Valplast
 CCP Combo

Clasp Design : Tooth

- Lab Select : # _____
 Akers : # _____
 Roach : # _____
 I Bar : # _____
 WW Clasp : # _____

Repair

- Reline
 Rebase
 Basic Repair
 Add Clasp

Completion Stage

- Custom Tray
 Bite Block
 Teeth Try-In
 Frame Try-In
 Wax Bite on Frame
 Frame Try-In w/ Teeth
 Finish
 Immediate Finish

Rest Design : Tooth

- Lab Select : # _____
 Mesial : # _____
 Distal : # _____
 Cingulum : # _____
 Lingual : # _____

Night Guards / Bite Splints

- Soft
 Hard (Clear Acrylic)
 Hard - Soft
 Thermoflex
 Sportsguard

Shade

- Original Pink
 Light Pink
 Light Reddish Pink (LRP)
 Light Meharry
 Meharry

Tooth Shade

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Major Connector

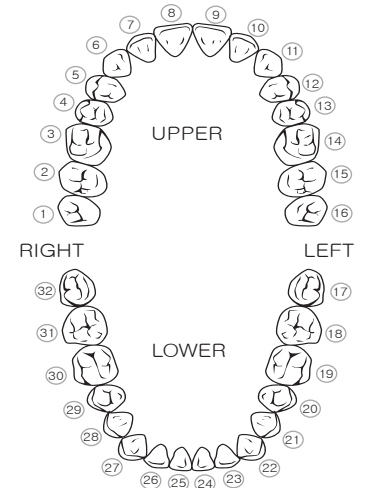
- Horse Shoe (Upper)
 Lingual Bar (Lower)
 Lingual Plate (Lower)
 Full Palatal (Upper)

Other

- Custom Tray
 Base Plate / Occlusal Wax
 Patient ID
 Clear Clasps
 Valplast Clasps

Items Enclosed : Impression(s) Opposing Bite Models

Rx SPECIFIC INSTRUCTIONS :



Date : _____

Dr. Signature : _____ Dr. License No. : _____