

Golden Dental Lab

A Full Service Dental Lab

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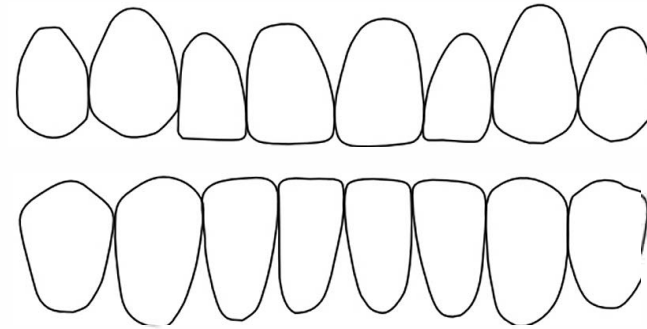
Customer Information

Doctor _____ Rx Date _____
Address _____
Phone _____ Cell _____
email _____
Patient Name _____ Age ____ Sex M ___ F ___

ITEMS INCLUDED WITH CASE

- Impression _____
- Impression/Partial _____
- Master Cast _____
- Study Cast _____
- Bite Registration _____
- Impression Coping _____
- Articulator _____
- Shade Tabs _____
- Analogues _____
- Stick Bite/Symmetry Bite? _____
- Face bow transfer jig _____
- Model or impression of provisionals _____
- Matrix _____
- Diagnostic wax-up _____
- Opposing impression or model _____
- Pre-operative models _____
- Photos (Qty _____) Email photos (Qty _____)
- Other _____

Shade Instructions



SHADE OF PREPARATION

Stump shade teeth #s _____ ST/ND* _____ Stump shade teeth #s _____ ST/ND* _____
Stump shade teeth #s _____ ST/ND* _____ Stump shade teeth #s _____ ST/ND* _____

*Differentiate between ST and ND

Implant Brand _____
Implant Type/size _____

Abutment /Custom Abutment

- Titanium
- Zirconia
- Gold-hue
- Stock/Ti-Base
- CALL ME**

Implant Restoration

- Screw retained
- Screw -mentable
- Cement retained

Restoration Type

- E max Full contour
- E max layered
- Zirconia full contour
- Zirconia layered
- PFM
- Gold

DATE DUE/TIME		LAB USE ONLY	
		AM	CASE NO
		PM	NOTICE SENT
			SHIP DATE
CENTRIC CONTACT <input type="checkbox"/>	FOIL RELIEF <input type="checkbox"/>		POSITIVE CONTACT <input type="checkbox"/>
LATERAL EXCURSION <input type="checkbox"/>	CUSPID GUIDANCE <input type="checkbox"/>		CUSP FOSSA <input type="checkbox"/>
			GROUP FUNCTION <input type="checkbox"/>
CONTACTS (EMBRASSURES)	1. BROAD 	2. NORMAL 	3. POINT

SURFACE ANATOMY

- SMOOTH
- MEDIUM
- HEAVY

INCISAL TRANSLUCENCY

- HEAVY
- MEDIUM
- LIGHT
- NONE

PONTIC DESIGN

- Sanitary (off the ridge)
- Ridge Lap
- Ovate Pontic __ MM
- Modified

OCCL STAIN

- None
- Light
- Medium
- Heavy

CHARACTERIZATION

- Custom Shade
- Shade:
- Desired Finished Length of Centrals _____ mm

- Hyperplasia
- Stains
- Cracks

Additional Instructions:

DOCTOR'S SIGNATURE

DENTIST LICENCE#