

Golden Dental Lab

A Full Service Dental Lab

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Brown Flag Building
Spokane, WA 99202



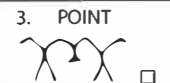
Customer Information

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 _____

DATE DUE/TIME		LAB USE ONLY	
		AM	CASE NO
		PM	NOTICE SENT
			SHIP DATE
CENTRIC CONTACT	<input type="checkbox"/>	FOIL RELIEF	<input type="checkbox"/>
LATERAL EXCURSION	<input type="checkbox"/>	CUSPID GUIDANCE	<input type="checkbox"/>
		POSITIVE CONTACT	<input type="checkbox"/>
		GROUP FUNCTION	<input type="checkbox"/>
		CUSP FOSSA	<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

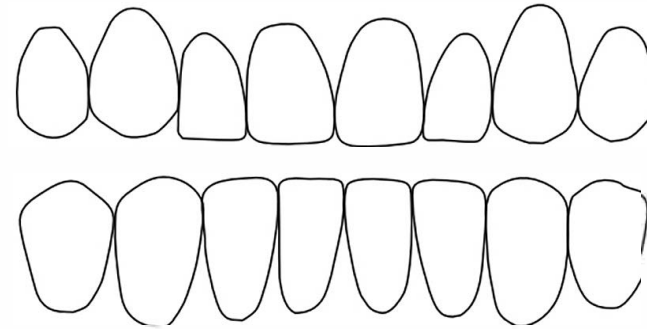
CHARACTERIZATION

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

CHARACTERIZATION

- Hyperplasia
- Stains
- Cracks

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

Additional Instructions:

DOCTOR'S SIGNATURE

DENTIST LICENCE#