

MARTINES DENTAL LABORATORY, INC.

5322 15 Mile Rd. • Sterling Hts., MI

(586) 268-3535 • (866) 938-3535

DR. _____

DATE _____

ADDRESS _____

PT'S NAME _____

CITY _____

MALE FEMALE AGE _____

PHONE _____

FACIAL STRUCTURE:

OVOID SQUARE SQUARE TAPERING TAPERING

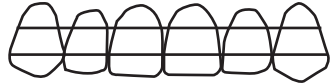
PATIENT APPT: _____

METAL TRY-IN BISQUE BAKE TRY-IN FINISH

TYPE OF RESTORATION

- | | |
|---|--|
| <input type="checkbox"/> FULL CAST CR. | <input type="checkbox"/> PORC. FUSED METAL CR. OR BRIDGE |
| <input type="checkbox"/> CAST 3/4 INLAY-ONLAY | <input type="checkbox"/> PORC. FUSED METAL VEN CR. |
| <input type="checkbox"/> POST & CORE | OR BRIDGE |
| <input type="checkbox"/> ZIRCONIA | <input type="checkbox"/> IMPLANT TYPE _____ |
| <input type="checkbox"/> DIAGNOSTIC WAX-UP | <input type="checkbox"/> IMPLANT SIZE _____ |
| <input type="checkbox"/> SURGICAL GUIDE | <input type="checkbox"/> EMPRESS |
| <input type="checkbox"/> CAPTEK TYPE | <input type="checkbox"/> IPS E-MAX |
| <input type="checkbox"/> SMILE TRIAL PROVISIONALS | <input type="checkbox"/> PORC. BUTT SHOULDER |

CHARACTERIZED SHADE



SHADE _____

PATIENT TO LAB GUIDE ENCLOSED

PONTIC DESIGN

- | | | | | | |
|-------------------------------|---------------------------------|---------------------------------|--------------------------------|------------|-----------|
| FULL RIDGE | PARTIAL RIDGE | NO RIDGE | POINT CONTACT | NO CONTACT | IMMEDIATE |
| | | | | | |
| RIDGE RELIEF | | | | | |
| <input type="checkbox"/> NONE | <input type="checkbox"/> SLIGHT | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> HEAVY | | |

FACIAL METAL COLLARS:

YES NO

MESIAL CONTACT:

OPEN CLOSED

DISTAL CONTACT:

OPEN CLOSED

WILL OPPOSING BE RESTORED?

YES NO

ENCLOSED

STUDY MODEL

CHECK BITE

OPPOSING MODEL

OLD RESTORATIONS

PORCELAIN METALS

FULL CAST METALS

HI NOBLE

YELLOW

WHITE

NOBLE

WHITE

HI NOBLE

CAPTEK TYPE

HI NOBLE

YELLOW

WHITE

NOBLE

YELLOW

WHITE

WRITTEN INSTRUCTIONS/RESTORATION NUMBERS:

HAS THIS CASE BEEN DISINFECTED?

YES

NO

SIGNATURE: _____

DDS LICENSE NO. _____

PLEASE SEND: RX PADS MAILING LABELS PLASTIC BAGS DELIVERY BAGS

WHITE - LAB COPY

YELLOW - DR'S COPY