



Full Service Laboratory Specializing in Implant Technology
 Ph: 610.777.2727 | 800.352.0250 | Fx: 610.685.7119
 Email: sseberksdental@gmail.com

RX Date: _____
 Doctor: _____
 Address: _____
 Phone: _____ Call Me

PATIENT: Male Female

IN OFFICE DUE DATE: _____



SHADE



- METAL TRY-IN
- BISQUE BAKE
- FINISH

NOTES:

CROWN & BRIDGE

ALL-CERAMIC <input type="checkbox"/> E-Max <input type="checkbox"/> Empress <input type="checkbox"/> Zirconia <input type="checkbox"/> Bruxier	PFM <input type="checkbox"/> Non-Precious <input type="checkbox"/> Noble / Semi-Precious PRECIOUS FULL CAST GOLD <input type="checkbox"/> 20% <input type="checkbox"/> 50%	DESIGN <input type="checkbox"/> No Metal Collar <input type="checkbox"/> Lingual Metal Collar <input checked="" type="checkbox"/> Metal Occlusal
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IMPLANT

ABUTMENTS <input type="checkbox"/> Titanium - Stock <input type="checkbox"/> Custom Abutment <input type="checkbox"/> Zirconia <input type="checkbox"/> Atlantis Anatomical Titanium / Zirconia	DESIGN TYPE <input type="checkbox"/> Implant Crown <input type="checkbox"/> Implant Bridge <input type="checkbox"/> Hybrid Bar <input type="checkbox"/> Locator	SPECIAL ENCLOSURES <input type="checkbox"/> Analog <input type="checkbox"/> Abutment <input type="checkbox"/> Impression Coping <input type="checkbox"/> Articulation
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DENTURE / REMOVABLES

FULL DENTURE <input type="checkbox"/> Full Denture <input type="checkbox"/> Immediate Denture <input type="checkbox"/> Repair / Reline <input type="checkbox"/> Flipper	REMOVABLE DENTURE <input type="checkbox"/> All Acrylic <input type="checkbox"/> Cast Metal Framework	FLEXIBLE DENTURE <input type="checkbox"/> Valplast <input type="checkbox"/> Essix Retainer
TOOTH CHOICE <input type="checkbox"/> Wax Try-In <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite-Block	<input type="checkbox"/> Name In Denture	

LAB USE ONLY

SIGNATURE: _____ Lic.# _____

PLEASE SEND: Case Bags RX Pads Case Boxes Mailing Labels