

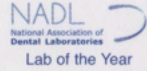


Conscientious Consistency

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PATIENT'S NAME _____ DOCTOR'S NAME _____ DATE TO BE RETURNED _____

BRIDGE CROWN IMPLANT

- PFM (porc. fused to metal)
- FCZ (full contour zirconia)
- PFZ (porc. fused to zirconia)
- PRESSED MONOLITHIC
- PRESSED LAYERED
- FCC (full cast crown or inlay/onlay)
- SEPARATE POST
- TELESCOPIC COPING
- COMPOSITE CROWN/INLAY/ONLAY
- DIAGNOSTIC WAX UP

TEMPORARY

- SHORT TERM REINFORCED

METAL DESIGN

- LINGUAL METAL BAND: 0.3 0.5 1.0 2.0
- FACIAL METAL BAND: 0.3 0.5 1.0
- NO FACIAL METAL
- NO COLLAR 360°
- PORCELAIN SHOULDER
- CROWN/FIT PARTIAL
- METAL OCCLUSAL/LINGUAL
- REST: LINGUAL MESIAL DISTAL

ALLOY

- HIGH NOBLE YELLOW
- NOBLE WHITE

ARTICULATOR

- DENAR ARTEX KAVO
- SAM STRATOS PANADENT
- ENCLOSED, SERIAL# _____
- FACEBOW ENCLOSED
- PLASTIC METAL HINGE

OCCLUSION

- LIGHT
- MODERATE
- HEAVY

ANATOMY

- WORN
- COPY EXISTING
- EXAGGERATED

PONTIC DESIGN

- RIDGE LAP PARTIAL RIDGE LAP NO RIDGE LAP NO CONTACT POINT CONTACT



RETURN FOR MOUNTING DIE TRIM METAL TRY-IN BISQUE BAKE CHECK INSERTION

IMPLANT COMPONENTS BRAND _____ SIZE _____

ENCLOSED PARTS

- SCREW RETAINED
- CEMENT RETAINED ZIRCONIA ABUTMENT CUSTOM GOLD ABUTMENT CAD MILLED TITANIUM ABUTMENT
- FIXED/DETACHABLE OVERDENTURE WITH CAST BAR OVERDENTURE WITH ATTACHMENT

PATIENT'S DEXTERITY

- EXCELLENT AVERAGE POOR

FULL DENTURE

RESIN TEETH

RELINE

ACRYLIC

SURGICAL STENT

- VITAPAN

- REBASE

- ETHNIC

- CUSTOM TRAY

SHADE _____

- IPN

- REPAIR

- GINGIVAL TONING

- BITE RIM

- PHONARES SOFTLINER

- STANDARD ACRYLIC

- SET UP TRY-IN

MOLD _____

ATTACHMENT TYPE

- PROCESS & FINISH

- NIGHT GUARD

- DEPROGRAMMER

PARTIAL DENTURES

UPPER

LOWER

- CAST FRAME
- FLEXIBLE PARTIAL
- ALL ACRYLIC PARTIAL
- HORSESHOE

- PALATAL STRAP
- ANTERIOR
- POSTERIOR
- OPEN PALATE
- OTHER

- LINGUAL BAR
- LINGUAL PLATE
- KENNEDY BAR
- OTHER
- FRAME ONLY
- FRAME TRY-IN W/BITE BLOCKS
- FRAME TRY-IN W/SET-UP
- FINISH

INSTRUCTIONS: _____

MALE FEMALE AGE _____
SHADE _____ STUMP SHADE _____

ENCLOSED

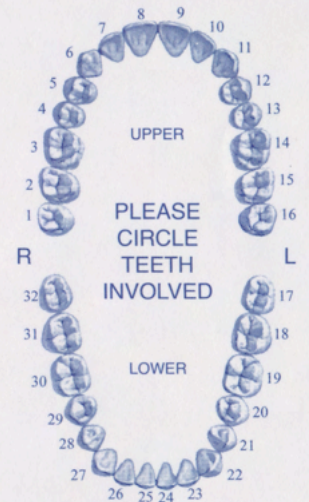
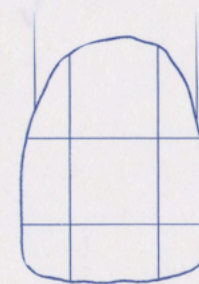
- PHOTOS
- SHADE TAB
- SHADE DIAGRAM
- IMAGES E-MAILED

PATIENT DESIRES

- OVERLAPPED
- STRAIGHT ALIGNMENT
- COPY NATURAL ALIGNMENT
- NATURAL CHARACTERIZED SHADE

DR'S SIGNATURE & LICENSE # _____

PLEASE SEND: PRESCRIPTIONS BOXES
 SAFE T BAGS AIR BILL



DATE SENT

DATE RECEIVED BY LAB