Blanc BLANC DENTAL LAB

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OFFICE CODE _____ GROUP NAME _____

DR NAME _____

PT NAME FIRST _____

PLEASE PRINT PATIENT NAME LAST _____

☐ FEMALE ☐ MALE

PATIENT ID# (OPTIONAL) _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

ENCLOSED WITH CASE: ☐ Model ☐ Metal Trays ☐ Teeth ☐ Shade Tab ☐ Articulator ☐ Bite ☐ Impressions

☐ Photos Enclosed ☐ Photos Emailed (lab@blancdentallab.com) ☐ Other _____

DUE DATE FINISH _____ TRY IN _____

FIXED RESTORATION

SHADE

SHADE: _____ STUMP: _____ REQUIRED FOR E.MAX

☐ CROWN ☐ INLAY / ONLAY ☐ VENEER

NON-METAL RESTORATIONS

- ☐ E.max® Press
- ☐ Maryland Bridge
- ☐ Composite
- ☐ Temporary
- ☐ Zirconia-Monolithic
- ☐ Zirconia-Porcelain Layered
- ☐ Zirconia-Multi Layered

PORCELAIN FUSED TO METAL

- ☐ PFM NP (3D Laser Printed)
- ☐ PFM SP Argelite 61 (Pd 60.55% White)
- ☐ PFM SP PT+ (Pt 20% White)
- ☐ PFM Precious Argedent EURO (Au 40% White)
- ☐ PFM Gold Argedent Y73 (Au 73.8% Yellow)
- ☐ Maryland Bridge

FULL CAST RESTORATIONS

- ☐ NP (3D Laser Printed)
- ☐ Argenco Y+ (Au 2% Yellow)
- ☐ Argenco 40 (Au 40% Yellow)
- ☐ Argenco 58 (Au 58% Yellow)
- ☐ Post & Core-NP
- ☐ Post & Core-SP

IMPLANT RESTORATIONS

- ☐ CAD/CAM Titanium Custom Abutment
- ☐ CAD/CAM Zirconia Custom Abutment
- ☐ Screw Retained Crown over Ti-Base
- ☐ Cement Retained Crown
- ☐ Screw Retained Crown

REMOVABLE RESTORATION

☐ Upper ☐ Lower

TOOTH SHADE: _____

ACRYLIC SHADE

☐ Standard ☐ Meharry ☐ Light Pink

DENTURE/PARTIAL

- ☐ Full Denture
- ☐ Acrylic Partial
- ☐ Acrylic Flipper
- ☐ Valplast® Partial
- ☐ Valplast® Flipper
- ☐ FRS Clear Frame
- ☐ Cast Metal Partial (CoCr)
- ☐ Cast Metal Partial (VTM 2000)

STAGE

- ☐ One Step Complete
- ☐ Base Plate + Occlusal Rim
- ☐ Frame + Occlusal Rim
- ☐ Teeth Wax Try In
- ☐ Immediate
  - ☐ Extract Tooth #: _____
- ☐ Process to Finish

MISCELLANEOUS

- ☐ Custom Tray
- ☐ Bleaching Tray
- ☐ Acrylic Add Tooth
- ☐ Valplast® Add Tooth
- ☐ Valplast® Clasp
- ☐ FRS Clear Clasp
- ☐ Thermoflex Clasp
  - Shade: _____
- ☐ Cast Metal Clasp
- ☐ Wire Clasp
- ☐ Metal Mesh
- ☐ Wire Reinforcement

REPAIR/RELINE

- ☐ Rebase
- ☐ Reline
- ☐ Soft Reline
- ☐ Reset Teeth
- ☐ Repair (Standard)
- ☐ Repair (Expedited)

OCCLUSAL GUARDS

- ☐ Soft (Thermoplastic)
- ☐ Hard (Clear Acrylic)
- ☐ Hard & Soft (Combo)
- ☐ Thermoflex (Impak)
- ☐ Essix Retainer
  - ☐ Add Tooth
    - Shade: _____

APPLIANCES

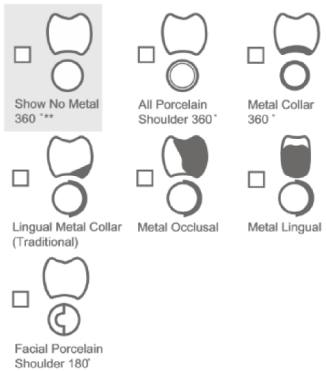
- ☐ Wire Appliance
- ☐ Retainer Appliance
- ☐ Plate Appliance
- ☐ Functional Appliance
- ☐ Indirect Bonding System
- ☐ Clear Ortho Aligner

SNORING APPLIANCES

- ☐ Sleep Splint
- ☐ Shark Sleep Splint

MARGIN DESIGN

Please check your choice(s) of margin combination.



CONTACT DESIGN

ANTERIOR

☐ Broad ☐ Regular ☐ Point

POSTERIOR

PREFERENCES

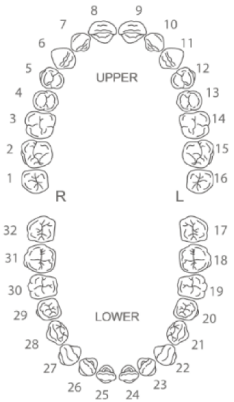
- ☐ Occlusal: ☐ Light ☐ Open ☐ Tight
- ☐ Contact: ☐ Light ☐ Medium ☐ Heavy

PONTIC DESIGN

- ☐ Sanitary ☐ Bullet ☐ Modified
- ☐ Full Ridge ☐ Ovate

PLEASE INDICATE TOOTH NUMBER TO BE RESTORED

· Circle single units · Bracket splinted · Crossout missing



INSTRUCTIONS

DR SIGNATURE _____

DR LICENSE # _____ DATE _____