



# Elite Dental Laboratory

www.elitedentallaboratories.com



Doctor's Name \_\_\_\_\_ Tel. No \_\_\_\_\_

Patient's Name \_\_\_\_\_ Sex: M  F

Today's Date \_\_\_\_\_ Deliver Date \_\_\_\_\_

Reduction Opt:  Reduce & Mark Opposing  Reduce Prep & Reduction Coping

Teeth Numbers:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Shade \_\_\_\_\_



Pontic Design



All Ceramic	All Metal	Bite Appliance
<input type="checkbox"/> Prettua Shaded	<input type="checkbox"/> High Noble White	<input type="checkbox"/> Comfort Soft
<input type="checkbox"/> Vita 16 Shade	<input type="checkbox"/> High Noble Yellow	<input type="checkbox"/> Clear Splint
<input type="checkbox"/> Brux. w/ cutback	<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> Mini Deprogrammer
<input type="checkbox"/> e.max Press	<input type="checkbox"/> Porc. Butt	
<input type="checkbox"/> e.max		
<input type="checkbox"/> e.max . w/ cutback		

<input type="checkbox"/>		Standard Metal Lingual
<input type="checkbox"/>		No Metal All Around
<input type="checkbox"/>		Metal Lingual or Occlusal

Implant Type/Brand \_\_\_\_\_ Diameter/Size \_\_\_\_\_

Hybrid Abutment  Screw Retained  Titanium Abutment  UCLA Abutment  Pink Porcelain  
Shade \_\_\_\_\_



Specific Instructions

Dr. Signature \_\_\_\_\_ D.D.S License No. \_\_\_\_\_



# Elite Dental Removables

[www.elitedentallaboratories.com](http://www.elitedentallaboratories.com)



Doctor's Name \_\_\_\_\_ Tel. No \_\_\_\_\_

Patient's Name \_\_\_\_\_ Sex: M  F  Age \_\_\_\_\_

Today's Date \_\_\_\_\_ Deliver Date \_\_\_\_\_

- Bite Block**   
  **Teeth Try-In**   
  **Finish**   
  **Reline**   
  **Repair**

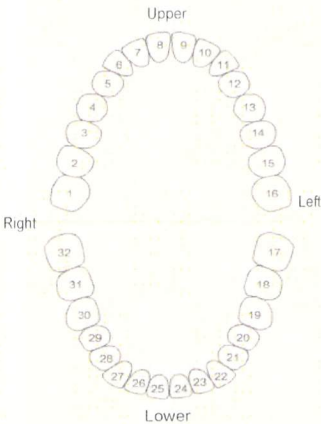
Dentures	Partials
<input type="checkbox"/> <b>Premium</b> <input type="checkbox"/> Characterization <input type="checkbox"/> Rugae <input type="checkbox"/> Stippling <input type="checkbox"/> <b>Standard</b>	<input type="checkbox"/> Cast Frame <input type="checkbox"/> Add Flex Clasps <input type="checkbox"/> DuraFlex <input type="checkbox"/> Visiclear <input type="checkbox"/> Acrylic

Shade \_\_\_\_\_

Mold \_\_\_\_\_

Acrylic Shade \_\_\_\_\_

*Rx* Specific Instructions \_\_\_\_\_



Dr. Signature \_\_\_\_\_ D.D.S License No. \_\_\_\_\_