

1 Office Name _____ Patient _____ Sex _____ Age _____
 Doctor Name _____ Date Sent _____ Due Date _____
 Address _____ Phone _____



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 Carmel, IN 46032
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2 SERVICES

Crown & Bridge

Procelain to Metal

Non-precious
 Semi-precious
 Noble
 High Noble
 Captek

Full Cast

Non-precious
 Semi-precious (silver)
 High Noble (yellow)

Metal Free

IPS Empress: Crown/Veneer/Inlay/Onlay
 IPS e.max e.max ZirPress
 Full Zirconia: BruxZir BruZir Anterior
 Layered Zirconia Lava
 Composite Resin Temporary (Acrylic)

Additional Services

Porcelain Butt Margin
 Post & Core
 Occlusal Rest Seat
 Survey Crown
 Maryland Bridge
 Cantilever
 Space Maintainer
 Implant Crown
 Implant Custom Abutment
 Titanium Zirconia
 Occlusal Guard: Upper Lower
 Custom Tray: Upper Lower

3 CERAMIC SHADE INSTRUCTIONS

Shade _____
 Shade Type _____

Occlusal Staining

None
 Light
 Medium
 Dark

4 CONTACTS

Normal Heavy & Broad Point

5 PONTIC DESIGN

Modified Ridge (standard) No Contact Point Contact No Ridge

6 BUCCAL MARGIN

Standard Full Porcelain Coverage

Metal Occlusal

Excluding Buccal Cusp Including Buccal Cusp

7 TOOTH 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

8 OCCLUSION

In Occlusion; Slight Out of Occlusion; Out of Occlusion

If Bite is Tight,

Adjust Opposing
 Spot Prep
 Reduction Coping
 Place Metal Pad
 Call Me

2 SERVICES **Dentures & Partials**

Shade _____ Mould _____
 Palpilameter Rest _____ mm Smile _____ mm
 Alameter _____ mm
 Desired Overbite _____ mm Desired Overjet _____ mm

Acrylic Partial Upper Lower Finish Wire Clasp
 Ball Clasp Clear Clasp Valplast Clasp

Metal Based Partial Upper Lower Clear Clasp
 Valplast Clasp Finish

Valplast Partial Upper Lower Try In Finish

Duraflex Partial Flipper-Ant Nesbit-Post

Standard Denture **Premium Denture With IPN Teeth**

Upper; Lower; Wax Rim; Set up; Reline; Finish
 Other: _____
 Name In Denture. Print Name _____

SPECIAL INSTRUCTIONS

Dr. Signature _____
 License No. _____