

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



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2 SERVICES

Crown & Bridge
Porcelain to Metal

____ Non-precious
 ____ Semi-precious
 ____ Noble
 ____ High Noble
 ____ Captek

Full Cast

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

Metal Free

____ Empress II Crown ____ Empress II Veneer
 ____ Empress II Inlay / Onlay
 ____ IPS E. max ____ BruxZir
 ____ Zirconia : Full Layered
 ____ Lava

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 NUMBER(S) _____

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 _____

Palpameter Rest _____ mm Smile _____ mm

Alameter _____ mm

Desired Overbite _____ mm Desired Overjet _____ mm

Acrylic Partial: ____ Upper; ____ Lower; ____ Try In; ____ Finish
 ____ Wire Clasp; ____ Ball Clasp; ____ Flipper

Metal Based Partial: ____ Upper; ____ Lower; ____ Metal Framework
 ____ Try In with Teeth; ____ Finish

Valplast Partial: ____ Upper; ____ Lower; ____ Try In; ____ Finish
 ____ Flipper-Ant.; ____ Nesbit-Post.

Standard Denture ____ **Premium Denture With IPN Teeth** ____

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

9 SPECIAL INSTRUCTIONS

Dr. Signature _____

License No. _____

Additional Lab Services

____ Porcelain Butt Margin
 ____ Post & Core
 ____ Occlusal Rest Seat
 ____ Survey Crown
 ____ Maryland Bridge
 ____ Cantilever
 ____ Space Maintainer
 ____ Implant Crown
 ____ Implant Abutment
 Included: Y _____ N _____
 ____ Occlusal Guard: ____ Upper; ____ Lower