

Office E-mail Address \_\_\_\_\_

Date Lab Rec'd: \_\_\_\_\_

Lab Order# \_\_\_\_\_

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



**Royal Dental Labs, Inc**  
 597-599 Industrial Drive, Suite 101  
 Carmel, IN 46032  
 Toll Free: 866-814-6443  
 Fax: 317-846-0488  
 Email : info@royaldentallabs.com

2 SERVICES

**Crown & Bridge**

**Porcelain to Metal**

Non-precious High Noble  
 Semi-precious Noble

**Full Cast**

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

**Metal Free** : Crown / Veneer / Inlay / Onlay

**Full Zirconia** :

BruXZir BruXZir Anterior  
 Layered Zirconia  
 IPS e.max IPS Empress  
 PMMA Composite Resin

\* BruXZir Anterior & IPS e.max are not recommended on more than 3 unit bridge.

3 CERAMIC SHADE INSTRUCTIONS

OCCLUSAL STAINING  
 None  
 Light  
 Medium  
 Dark

Shade \_\_\_\_\_  
 Shade Type \_\_\_\_\_

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 \_\_\_\_\_

Palpilameter Rest \_\_\_\_\_mm Smile \_\_\_\_\_mm Alameter \_\_\_\_\_mm  
 Desired Overbite \_\_\_\_\_mm Desired Overjet \_\_\_\_\_mm

**Acrylic Partial:** Upper; Lower; Try In; Finish  
 Wire Clasp; Ball Clasp; Clear Clasp  
 Valplast Clasp; Flipper

**Metal Based Partial:** Upper; Lower; Metal Framework  
 Try In with Teeth; Clear Clasp  
 Valplast Clasp; Finish

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

**Standard Denture** **Premium Denture Teeth**

Upper; Lower; Wax Rim; Custom Tray;  
 Reline Set up with Teeth Finish;  
 Tissue Shade: Pink Light Ethnic Dark Ethnic

Name on Denture. Print Name \_\_\_\_\_

**Additional Lab Services**

Porcelain Butt Margin  
 Post & Core  
 Diagnostic Wax Up Teeth  
 Survey Crown  
 Maryland Bridge  
 Space Maintainer  
 Implant Crown  
 Cement Retained Screw Retained  
 Implant Custom Abutment:  
 Titanium Zirconia  
 Occlusal Guard: Hard Soft H/S  
 Sports Guard:  
 Clear Retainer:  
 Hawley Retainer:  
 Upper Lower

9 SPECIAL INSTRUCTIONS

Dr. Signature \_\_\_\_\_

License No. \_\_\_\_\_