DATE SENT
RETURN DATE
DATE
TIME

120 7th Ave S., So. St. Paul, MN
651 - 212 - 7164
www.minnesotadentallab.com

LAB USE ONLY

DR. _____ **LIC#** _____
(PLEASE PRINT)

_____
(SIGNATURE)

PATIENT _____
(PLEASE PRINT) FIRST LAST

Tooth #'s
Shade

Restoration Type

Lithium Disilicate (i.e. e.max, GC Lisi)

- ❑ Pressed Full Contour
- ❑ Layered
- ❑ Custom Layered
- ❑ Veneer

PFM

- ❑ Noble
- ❑ High Noble
- ❑ Non-Precious

Zirconia

- ❑ Full Contour
- ❑ Layered
- ❑ Custom Layered

Full Cast

- ❑ Gold High Noble
- ❑ Gold Noble

Removable and Guided Surgery

- ❑ Flipper
- ❑ Wax Rim
- ❑ Essix
- ❑ Set Up Try-In
- ❑ Custom Tray
- ❑ Digital Denture
- ❑ Surgical Guide
  - ○ CT Based
  - ○ Non CT Based

Implants

Brand_____

Specific Type_____

- ❑ Custom Abutment
  - ❍ Titanium
  - ❍ Zirconia
  - ❍ Variobase
  - ❍ Gold Hue
- ❑ Screw Retained
  - ❍ Layer to Zirconia
  - ❍ Full Contour Zirconia

Special Instructions: _____

_____

_____

_____

_____

_____

_____

_____

_____

- ❑ Please Call DDS to Discuss
- ❑ Return for Die Trim
- ❑ Match Shade in Photos
- ❑ Please send more Rx Forms