

DATE SENT
RETURN DATE
DATE
TIME



**MINNESOTA**  
—DENTAL LAB—

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

LAB USE ONLY

**DR.** \_\_\_\_\_ **LIC#** \_\_\_\_\_  
(PLEASE PRINT)

Tooth #'s
Shade

(SIGNATURE) \_\_\_\_\_

**PATIENT** \_\_\_\_\_  
(PLEASE PRINT)                      FIRST                      LAST

<b>Implants</b>	
Brand	
<input type="checkbox"/> Nobel <input type="checkbox"/> Straumann	Healing Abutment Size _____
<input type="checkbox"/> Astra <input type="checkbox"/> Zimmer	
<input type="checkbox"/> 3i <input type="checkbox"/> Other _____	
<input type="checkbox"/> Duplicate Abutment	Custom Abutment
<input type="checkbox"/> Screw Retained	<input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/> Variobase <input type="checkbox"/> Gold Hue
<input type="checkbox"/> Cement Retained	Tissue Displacement
<input type="checkbox"/> Temp Crown	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Full Anatomical
<input type="checkbox"/> Out of Occlusion	
<input type="radio"/> 1mm <input type="radio"/> 2mm	

<b>Guided Surgery</b>	
<input type="checkbox"/> Surgical Guide	<input type="checkbox"/> Immediate Load Denture
<input type="checkbox"/> Bone Reduction Guide	<input type="checkbox"/> Immediate Screw Retained Temp
<input type="checkbox"/> Digital Impression Surface Scan	<input type="checkbox"/> Immediate Final Abutment

<b>Removables</b>	
<input type="checkbox"/> Flipper	<input type="checkbox"/> Wax Rim
<input type="checkbox"/> Essix	<input type="checkbox"/> Set Up Try-In
<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Digital Denture

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check if you want us to telephone you.