

4 DENTAL LAB

1311 Rayford Park Rd. #D • Spring, TX 77386
Toll Free : 833-682-8901
 E-mail : admin@4gdentallab.com

Date Case Leaves Office
Patient Appointment Date

Doctor's Name _____ (Please Print)

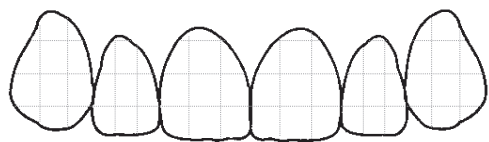
Doctor's Address _____

Patient's Name _____ Sex M F Age _____

FIXED RESTORATIONS (Please)

PFM	Full Metal Cast	Metal Free
<input type="checkbox"/> Non-Precious	<input type="checkbox"/> FMC Non-Precious	<input type="checkbox"/> Full / Solid Zirconia
<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> FMC Semi-Precious	<input type="checkbox"/> Esthetic Zirconia
<input type="checkbox"/> High Noble White	<input type="checkbox"/> FMC High Noble White	<input type="checkbox"/> Layered Zirconia
<input type="checkbox"/> High Noble Yellow	<input type="checkbox"/> FMC High Noble Yellow	<input type="checkbox"/> e.Max

IMPLANTS			IF INSUFFICIENT ROOM	
Abutment	Brand	Size		
<input type="checkbox"/> Zirconia	_____	_____	<input type="checkbox"/> Trim Opposing	<input type="checkbox"/> Metal Island
<input type="checkbox"/> Titanium	_____	_____	<input type="checkbox"/> Call to Discuss	<input type="checkbox"/> Trim Prep No Coping
<input type="checkbox"/> Implant Crown Only			<input type="checkbox"/> Metal Occlusal	
			<input type="checkbox"/> Reduction Coping	



Tooth Shade _____

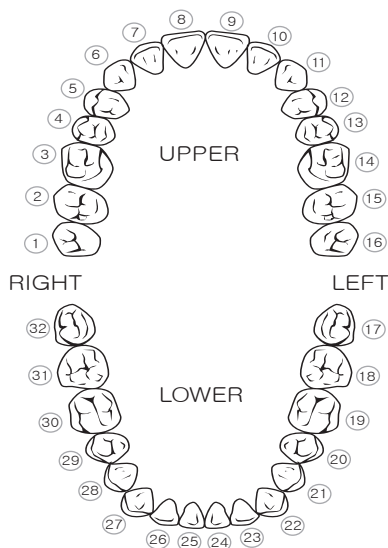
Stump Shade _____

Please Send

- RX Forms Boxes Mailing Labels FedEx Paks

Enclosures Lab Use Only

- Photo(s) Analog Models Implant Parts
 Impression Bite Shade Tab Other _____



FedEx Tracking Number _____

REMOVABLE RESTORATIONS (Please)

Dentures <input type="checkbox"/> Complete / Immediate <input type="checkbox"/> Wax Try-In w/ Teeth <input type="checkbox"/> Final Process	Partials <input type="checkbox"/> Cast Partial <input type="checkbox"/> CP Unilateral <input type="checkbox"/> Vitallium <input type="checkbox"/> Valplast <input type="checkbox"/> 4G iFlex <input type="checkbox"/> Acrylic / Flipper	Orthodontic <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Space Maintainer <input type="checkbox"/> Expansion Schwarz <input type="checkbox"/> Rapid Maxillary Expander <input type="checkbox"/> Twin Block <input type="checkbox"/> Essix Retainer <input type="checkbox"/> Other _____
Removable Extras <input type="checkbox"/> Cast Clasp <input type="checkbox"/> Esthetic Clasp <input type="checkbox"/> Bite Block / Base Plate <input type="checkbox"/> Wire Reinforcement <input type="checkbox"/> Custom Tray <input type="checkbox"/> Fit to Crown / Appliance <input type="checkbox"/> Pt Identification <input type="checkbox"/> Other _____	Partial Stages <input type="checkbox"/> Complete <input type="checkbox"/> Frame Try-In <input type="checkbox"/> Wax Try-In w/ Teeth <input type="checkbox"/> Final Process	Acrylic Shade <input type="checkbox"/> Lucitone <input type="checkbox"/> Pink <input type="checkbox"/> Light Meharry <input type="checkbox"/> Medium Meharry <input type="checkbox"/> Dark Meharry
Repairs / Relines <input type="checkbox"/> Reline Hard / Soft <input type="checkbox"/> Rebase <input type="checkbox"/> Add Tooth <input type="checkbox"/> Clasp <input type="checkbox"/> Fracture	Nightguards <input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Hard / Soft <input type="checkbox"/> 4G Thermoguard <input type="checkbox"/> Sportsguard <input type="checkbox"/> Add Color	Denture / Partial Teeth <input type="checkbox"/> Standard <input type="checkbox"/> Premium Shade _____

Rx SPECIFIC INSTRUCTIONS :

Dr. Signature _____ License # _____