

	Doctor Name:	Phone Number:	Phone Number:			
	Email:					
Patient Name:			Patient Age:	Gender: 🗖 M		
Deliver case before appointment.			Deliver case based on lab capacity.			
	Date: by 5 P.M.		(Patient will be appointed after receiving case)			

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Instructions

Preferences						*Standard unless otherwise specified.	
All-Ceramics Advanced Z16 ^{°°} Advanced Z16 ^{°°} Advanced Z16 ^{°°} IPS e.max [°] Advanced Z16 ^{°°} Ultra HT Micro Z ^{°°}		 Non-Precious White High No 	Porcelain-Fused-to-Metal Non-Precious Nobel White High Nobel Captek" Yellow High Nobel Estheticraft"		Non-PreciousWhite Gold	Shade Instructions Shade:	
If No Occlusal Clearance Metal Occlusion Reduction Coping Spot Opposing	Would you like this to b permanent note?	ea Occlusal Staining Document Docu		lo Jge Partial Ridge Ridge	Coping Design □ □ Coping with Full Porcelain Coverage □ □ Metal Coping with Porcelalin Coverage □ □ Metal Occlusal Excluding Buccal Cusp □ □ Metal Occlusal Including Buccal Cusp		
Buccal Margin Design Miscellaneous Metal Hairline ormm on Buccal Post & Core Temps/PMMA Metal-Porcelain Junction Margin* Diagnostic Wax-Up Veneers Porcelain Butt Margin (90° Shoulder Req.) Cristobal Composite Other:			Design	9 10 22 23 24 25 26 27 28 21 11 20 20 21 22 23 24 25 26 27 28 21 20 21 20 21 20 21 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20			
Dentures & Partials Upper Lower Custom Tray Occlusal Rims		Printed Premium Dentures Printed Dentures Printed Dentures			13 14 15 16 17 16		
Try-InFinish	Premium Economy Teeth Shade: Mould:			Right Left Left Right			
Flexible & Acrylic Partial □ DuraFlex [™] □ Valplast [*] □ FlexFit [™] Shaded	VitGoFit	nish	Clasps Clear Metal Wrought Wire ThermoFlex-Shade:	Mouth Guard Key Splint Soft	3D Printed 🛛 Com	nfort [™] H/S Hard ☐ PlaySafe [™] nfort [™] H/S Hard Soft <-eze [™]	
FlexFit"Clear Cu-Sil* Margin Depth	Frame with Occlusion Rim Frame with Teeth Try-In Frame Try-In			Enclosed with	n 🗆 Triple lel 🔲 Bite	Tray Dpposing	
Please Mark: (-) for below tissue (+) for above tissue			Distal	Need Supplie Boxes Bio Bags Other:			
Signature:			Li	cense #:	[Date:	

Signature: _

Payment is due upon receipt of statement. Total statement amount due by the end of the month. All past due invoices will be subject to a finance charge and/or collection fees. The undersigned is responsible both corporately and personally. Your signature is acceptance of these terms.