

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

Burdette Dental Lab • 131 Lyon Lane • Birmingham, AL 35211 • 800-870-0081 • 205-317-8595 • grs@burdettedental.com • www.burdettedental.com

Instructions

Preferences

*Standard unless otherwise specified.

All-Ceramics

- BruxZir®
- IPS e.max®
- IPS Empress®

Porcelain-Fused-to-Metal

- Non-Precious Nobel
- White High Nobel Captek™
- Yellow High Nobel

Full Cast

- Noble-White Non-Precious
- Noble-E Gold White Gold
- High Noble

Shade Instructions

Shade: _____



If No Occlusal Clearance

- Metal Occlusion
- Reduction Coping
- Spot Opposing

Would you like this to be a permanent note?
 Yes No

Occlusal Staining

- None
- Light*
- Medium
- Dark

Pontic Design



Coping Design

- Coping with Full Porcelain Coverage
- Metal Coping with Porcelain Coverage*
- Metal Occlusal Excluding Buccal Cusp
- Metal Occlusal Including Buccal Cusp

Dentures & Acrylic Partial

- Upper Lower
- Custom Tray Try-In
- Occlusal Rims Finish

Denture Teeth

- Premium Acrylic Shade: _____
- Economy Teeth Shade: _____
- Mould: _____

Buccal Margin Design

- Metal Hairline or _____mm on Buccal
- Metal-Porcelain Junction Margin*
- Porcelain Butt Margin (90° Shoulder Req.)

Miscellaneous

- Post & Core
- Temps/PMMA
- Cristobal Composite

Traditional Dentures

- Premium Dentures
- Economy Dentures

Cast Partial

- Vitallium® 2000
- Frame with Occlusion Rim
- Frame with Teeth Try-In
- Gold
- Finish
- Frame Try-In

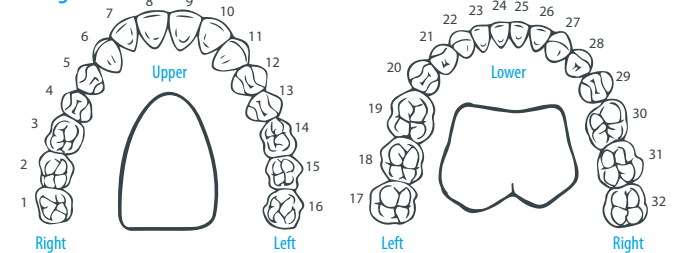
Clasps

- Metal
- Wrought Wire
- ThermoFlex-Shade: _____

Flexible Partial

- FRS Partials™
- ThermoFlex-Shade: _____

Design



Enclosed with Case

- Impression Triple Tray Opposing
- Study Model Bite
- Abutment: _____ Pontic: _____

Need Supplies?

- Boxes Fedex Shipping Labels
- Bio Bags RX Forms
- Other: _____

Signature: _____ License #: _____ Date: _____

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.