



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 • 800-624-5301 • 205-916-0887 • info@burdettedental.com • www.burdettedental.com

Instructions **\$339 FlexFit™ Partial Complete**
 VALID UNTIL 12/31/20

Only \$339 on Your First FlexFit™ Partial Complete Case
OFFER EXPIRES ON 12/31/20

PROMO CODE: FLEX339

Preferences

**Standard unless otherwise specified.*

All-Ceramics

- Advanced Z16™
- Advanced Z16™ ML
- Advanced Z16™ Ultra HT
- Micro Z™
- BruxZir®
- IPS e.max®
- IPS Empress®

Porcelain-Fused-to-Metal

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

Full Cast

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

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

Buccal Margin Design

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

Miscellaneous

- Post & Core
- Diagnostic Wax-Up
- Cristobal Composite
- Temps/PMMA
- Veneers
- Other: _____

Design

Dentures & Partials

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

Digital Dentures

- 4D Printed Premium Dentures
- 3D Printed Dentures

Traditional Dentures

- Premium Dentures
- Economy Dentures

Denture Teeth

- Premium Economy

Acrylic Shade: _____
 Teeth Shade: _____
 Mould: _____

Flexible & Acrylic Partials

- Cu-Sil™
- Valplast™
- FlexFit™ Shaded
- FlexFit™ Clear
- ThermoFlex-Shade: _____
- DuraFlex™
- FRS Partials™

Cast Partials

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

Clasps

- Clear
- Metal
- Wrought Wire
- ThermoFlex-Shade: _____

Mouth Guards

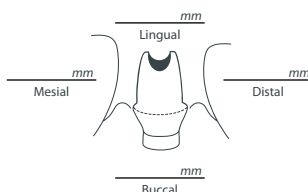
- Soft
- Eclipse® Hard
- Eclipse® Heat & Seat
- Comfort™ H/S Hard
- Comfort™ H/S Hard Soft
- PlaySafe™
- Brux-eze™

Implants

- Screw-Retained
- Cement-Retained

Margin Depth

Please Mark:
 (-) for below tissue
 (+) for above tissue



Implant System:

Enclosed with Case

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

Need Supplies?

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

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.