



Montana
DENTAL LABORATORY

Consistent Quality It's What We Do

406-652-1652

Doctor's Name _____

Office Phone _____

Patient's Name _____

Date Sent _____ Date Wanted _____

PLEASE SEND: MAILING BOXES RX FORMS MAILING LABELS

R_x

TOOTH # _____

ALL CERAMIC

- E.MAX ANTERIOR (Stain/Glaze) _____
- E.MAX ANTERIOR (Cut Back/Layered) _____
- ZIRCONIA ANTERIOR (Stain/Glaze) _____
- ZIRCONIA ANTERIOR (Cut Back/Layered) _____
- E.MAX POSTERIOR (Stain/Glaze) _____
- E.MAX POSTERIOR (Cut Back/Layered) _____
- ZIRCONIA POSTERIOR (Stain/Glaze) _____
- ZIRCONIA POSTERIOR (Cut Back/Layered) _____

PORCELAIN TO METAL

- PORC. NON-PRECIOUS _____
- PORC. NOBLE _____
- PORC. HIGH NOBLE _____
- PORC. YELLOW GOLD _____

METAL

- HIGH NOBLE GOLD CROWN 55% _____
- NOBLE GOLD CROWN 2% _____
- NON-PRECIOUS FULL CROWN _____

OCCLUSAL

- METAL PORC _____

OCCLUSAL STAIN

- NONE. LT. MED. DRK. _____

METAL MARGIN

- | | |
|------------------------------|------------------------------|
| BUCCAL | LINGUAL |
| <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| <input type="checkbox"/> NO | <input type="checkbox"/> NO |

PORC MARGIN

- YES NO _____

RIDGE RELIEF

- NONE SLIGHT MED HEAVY _____

OVATE MM.

FULL RIDGE LAP

BUCCAL RIDGE LAP

SANITARY CONTACT

SANITARY SPACED



REDUCTION IF NECESSARY

PREP _____ OR OPPOSING _____

R_x - INSTRUCTIONS

ADDITIONAL INSTRUCTIONS ATTACHED

(ADDL. SPACE ON REVERSE)

INCISAL TRANSLUCENCY

- MINIMAL MODEST 1.0 MAX 1.5 _____

SURFACE TEXTURE

- HIGH MEDIUM LIGHT _____

LIGHT SOURCE USED

- OPER. FLUORESCENT _____
- NAT. SUNLIGHT _____

SMILE DESIGN

- FOLLOW WAX UP _____
- FOLLOW TEMPS/MOCKUP _____
- MATCH PHOTOS, MAGAZINE, ETC. _____

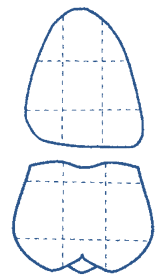
SHADE _____

SHADE OF PREP (STUMP SHADE) _____

GINGIVAL _____

BODY _____

INCISAL _____



SHADE GUIDE USED

LABORATORY CHECK LIST FOR DOCTOR'S OFFICE

- SHADE OF PREPARATIONS (STUMP SHADE) SHADE OF ALL TEETH
- LENGTH OF CENTRALS TO SOFT TISSUE OPPOSING MODEL
- SMILE DESIGN WORKING IMPRESSIONS
- BITE REGISTRATION WITH STICK CD OR PHOTOS
- BITE REGISTRATION WITHOUT STICK MODEL OF PRE-OP
- FACEBOW TRANSFER JIG MODEL OF TEMPS

DENTIST'S SIGNATURE _____ LICENSE # _____ DATE _____