



FIXED/REMOVABLE

DENTICON DENTAL LAB

(800) 334-6963

2110 Artesia Blvd, #B132 Redondo Beach, CA 90278

Tel: (800) 334-6963 | Email: customerservice@denticondentallab.com

CROWN & BRIDGE

SELECT: ☐ CROWN ☐ BRIDGE ☐ INLAY/ONLAY ☐ VENEER

ZIRCONIA

- ☐ Full Contour Zirconia (FCZ)
- ☐ Layered Zirconia (PFZ)
- ☐ BruxZir Solid Zirconia
- ☐ BruxZir Anterior Solid Zirconia

PORCELAIN TO METAL

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ White Gold HN
- ☐ Yellow Gold HN

FULL CAST

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ White Gold HN
- ☐ Yellow Gold HN

MARYLAND BRIDGE

- ☐ COMPOSITE
- ☐ TEMPORARIES

C & B EXTRAS

- ☐ Rest ☐ Wing
- ☐ Fit to Partial
- ☐ Diagnostic Wax-up

ALL-CERAMIC

- ☐ Lithium Disilicate

IMPLANTS (Servicing All Major Implant Brands)

- ☐ FCZ & Titanium Abutment Bundle (Crown, Abutment, Screw, Analog, Tissue Model, Labor)

CUSTOM/SELECT ABUTMENT: ☐ Titanium ☐ Zirconia

- ☐ Stock Abutment
- ☐ Custom Abutment
- ☐ Parts Supplied by Doctor

Size _____
Manufacturer _____

FIXED CASE SPECIFICATION

SELECT STAGE: ☐ Complete ☐ Porcelain Bake ☐ Glaze/Polish
☐ MTI / Coping ☐ Bisque Bake ☐ Finish

BUCCAL MARGIN

- ☐ Porcelain Butt Margin
- ☐ 360° Porcelain Butt Margin

STAINING

- ☐ Light ☐ Heavy
- ☐ Medium ☐ None

METAL DESIGN



No Mtl.
Collar



360 Mtl.
Collar



Metal
Lingual
Anterior



Metal
Lingual
Collar



Mtl. Occl.
Excl. Buccal
Cusp.



Mtl. Occl.
Incl. Buccal
Cusp.

PONTIC DESIGN



Full
Ridge



Modified
Ridge



No
Ridge



No
Contact



Point
Contact



Ovate

OCCCLUSAL CLEARANCE

- ☐ Light
- ☐ Open
- ☐ Tight

CONTACT

- ☐ Light
- ☐ Medium
- ☐ Heavy

IF INSUFFICIENT ROOM:

- ☐ Adjust Opposing
- ☐ Reduction Coping
- ☐ Metal Occlusal / Lingual

REQUIRED INFORMATION

Doctor: _____ Lic. #: _____ Account #: _____

Address: _____ Due Date (by 5 pm): _____

City: _____ Turnaround Time: ☐ Fixed (10 Days) ☐ Removables (10 Days)

Phone: _____ State: _____ Zip: _____

Dr. Signature^: _____ Patient's Name: _____ / _____ ☐ M ☐ F

SPECIAL INSTRUCTIONS

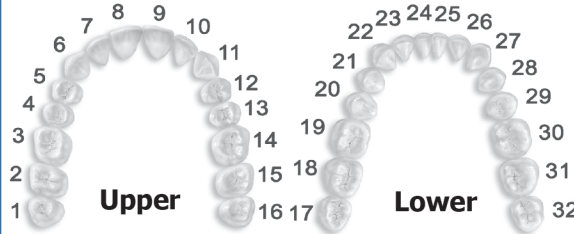
TOOTH #: _____

SHADE: _____

STUMP SHADE: _____



CIRCLE TEETH / ARCH



☐ REDO CASE

REMOVABLE

SELECT: ☐ FULL DENTURE ☐ PARTIAL ☐ UNILATERAL

TISSUE SHADE:

- ☐ Light Pink
- ☐ Pink
- ☐ Ethnic

SELECT STAGE:

- ☐ Complete (One Stage)
- ☐ Set to Enclosed Frame
- ☐ Wax Try-in w/Teeth
- ☐ Frame Try-in
- ☐ Final Process

☐ UPGRADE TO
PREMIUM TEETH

NON-METAL PARTIALS

- ☐ Flexible Partial

ACRYLIC PARTIALS

- ☐ Flipper (1 Tooth)
- ☐ Stayplate* (2-5 Teeth)
- ☐ Acrylic Partial* (6+ Teeth)

*Includes wire clasps

CAST METAL PARTIALS

- ☐ Cast Metal (Chrome Cobalt)
- ☐ Vitallium 2000

COMBO PARTIALS

- ☐ Cast Metal Frame
- w/Flexible Saddles/Clasps

CLASP DESIGN

- ☐ Lab Select ☐ RPI
- ☐ Roach ☐ Akers

MAJOR CONNECTOR

- ☐ Lab Select ☐ Full Palate ☐ Lingual Plate
- ☐ Horseshoe ☐ Lingual Bar ☐ A-P Bar
- ☐ Palatal Strap

REMOVABLE EXTRAS

- ☐ Wax Bite Block ☐ Custom Tray ☐ Reline Hard
- ☐ Wax Bite Rim ☐ Bleach Tray ☐ Reline Soft
- ☐ Cusil # _____ ☐ Rebase ☐ Repair

FULL DENTURES

- ☐ Standard
- ☐ Premium

IMMEDIATES

- ☐ Extract All
- ☐ Extract tooth # _____

BITESOFT SPLINT THERAPY (Upper Arch only)

- ☐ Anterior Splint ☐ Full Arch

SELECT MATERIAL:

- ☐ Dual Laminate
- ☐ Thermo-lined

NIGHT GUARDS

- ☐ Hard ☐ Soft
- ☐ Hard/Soft

SPORTS GUARD

- ☐ Pro-Form Sports Guard

CASE MATERIALS ENCLOSED:

- ☐ Impressions ☐ Bite Registration ☐ Models ☐ Implant Parts

REQUEST FREE SUPPLIES:

- ☐ Rx Forms ☐ Case Boxes ☐ FedEx Labels

REDO: ☐ Yes ☐ No

ORIGINAL PRODUCT ENCLOSED: ☐ Yes ☐ No

TURNAROUND TIME	Days InLab [†]
Fixed	10
Removable	10
Implants*	10+

*Additional time maybe required to order parts.
[†]Excludes Weekends & Holidays. Working times are not guaranteed.

Please Note: A case requiring a call from a technician or scheduling department may cause delays to the fabrication process.

STANDARD PICK-UP/DELIVERY CHARGES[‡]
\$4.25 per box / \$4.25 per case invoice applies to removable cases only.
\$3.00 per box / \$3.00 per case invoice applies to night guard cases only.

NO SHIPPING FEES[‡]
Applies only to fixed cases.

[‡]All cases are delivered next day air by 5 pm to your office. Additional time and fees may apply to outlying areas. Alaska, Hawaii and International excluded.

DENTICON DENTAL LABORATORY TERMS & POLICIES[^]

By signing or sending this Rx Form (or a substitute therefore) to Denticon Dental Laboratory, I agree to abide by all terms and policies listed below.

All statements must be paid in full by the 22nd of the month in which the statement is prepared. Any amounts not paid by the last business day of such month will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms. All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of Denticon Dental Laboratory, until client's account is paid in full. A minimum of \$50.00 will be charged for returned checks. All disputes shall be governed in all respects by California law and client agrees to submit to the exclusive jurisdiction of, and venue in the County of Los Angeles, State of California in any dispute, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.