FL License # DL 11580

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301 S. Tubb St.
Suite D-2
Oakland, FL 34760
407-429-0838
www.AllAspectsDentalLab.com
Lab@AllAspectsDentalLab.com

Doctor ____________ Patient ____________

Address ____________ Age ______ Sex ______

City ______ St ____ Zip ______

Phone ____________

Date Sent: ____________

Try in Date: ____________

Finish Date: ____________

Please send:

☐ Rx Forms ☐ Mailing Boxes ☐ Other ____________

REMOVABLE (PLEASE ✓)

CASE DESIGN

☐ Full Upper ☐ Partial Upper
☐ Full Lower ☐ Partial Lower
☐ Immediate Denture ☐ Jump Denture
☐ Other____________

☐ Reline ☐ Repair
☐ Custom Tray ☐ Surgical Tray
☐ Bite Block ☐ Post Dam
☐ Relief ☐ Altered Cast

☐ Plese exclude identification
☐ Please mark denture for ID purposes as:
____

☐ Cast Frame

Anterior Teeth: ☐ Porc ☐ Plastic
Shade ______ Mold ______
Posterior Teeth: ☐ Porc ☐ Plastic
Shade ______ Mold ______

☐ Economy Acrylic ☐ Temporary
☐ Regualr Acrylic ☐ Plastic/Flexible
☐ Personalized Acrylic ☐ Duracetal

Vinyl ______ Soft Liner ______

Teeth

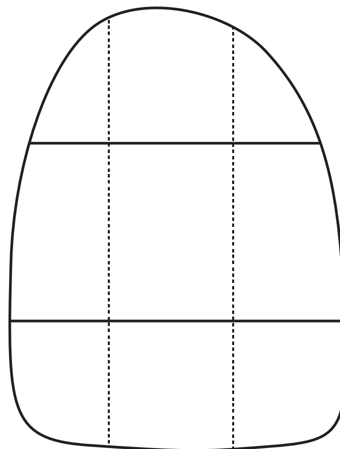
☐ Radica Processed Temporaries ______
☐ Diagnostic Wax Up ______
☐ Surgical Stent ______
☐ Radiographic Stent ______
☐ Other: ____________ ______

☐ TMD Appliance
Type: ____________

☐ Sleep Apnea Appliance
Type: ____________

☐ Diagnostic Casts
☐ Orthodontic Study Models
☐ Cephalmetric/Photo Work Up

SHADE AND SHADE GUIDE



CROWN AND BRIDGE (PLEASE ✓)

MATERIALS

☐ Porcelain to Metal
- ☐ High Noble Yellow
- ☐ High Noble White
- ☐ Noble White
- ☐ Implant
- ☐ Other ____________

☐ All Porcelain
- ☐ CEREC: Ivoclar / Vita
- ☐ NexxZr
- ☐ Implant
- ☐ YZ with Vita VM9
- ☐ ECAD/Emaxx

CASE DESIGN

☐ Full Crown ☐ Facing
☐ 3/4 Crown ☐ Porc Butt Margin
☐ Inlay ☐ Other ____________
☐ Onlay ☐ ____________

Ridge Relief: ☐ None ☐ Slight ☐ Medium ☐ Heavy

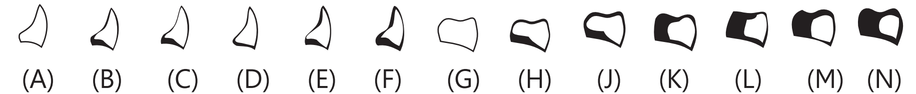
Contact ☐ Mesial ☐ Distal
No Contact ☐ Mesial ☐ Distal

☐ Full Ridge ☐ Partial Ridge ☐ No Ridge ☐ Point Contact ☐ No Contact

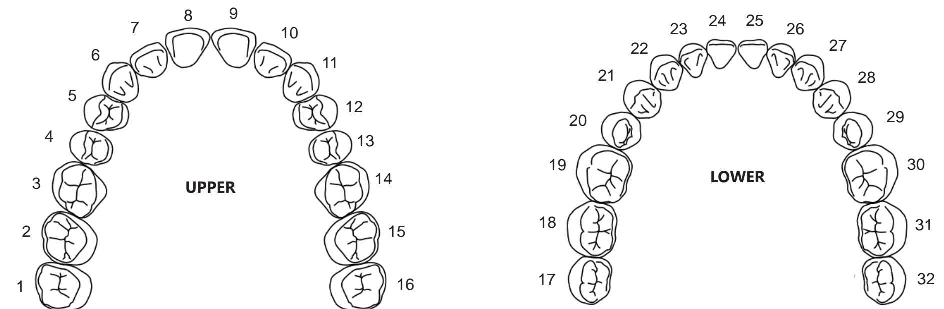
Occlusal tight:
Ok to trim? ☐ Yes ☐ No

☐ Reduction Copying ☐ Rest Set

METAL DESIGN (PLEASE ✓)



ADDITIONAL INSTRUCTIONS



DOCTOR PLEASE RETAIN DUPLICATE

Signature ____________

License Number ____________ State ______

THANK YOU!