

	Identification			
DENTAL LAB	Dr. Name		Dr. Signature X	License #
	Patient Name		DOB	Texas Reg. #
DIL Dental Lab 520 W. Pershing, Ste F			Special Instructions	Todays Date
North Little Rock, AR 72114 501-352-6580 800-656-1113 dildentallab.com				— Due Date
		-		Case #
Fixed Resto	oration			Removable Restoration
Ceramic Crowns e.max® Layer e.max® Monolithic Full Zirconia Porcelain to Zirconia (PFZ) PFM Crowns PFM Non Precious PFM Noble PFM High Noble PFM Yellow Gold 75% Full Cast Crowns Full Cast Non Precious (Silver)*		Occlusal Staining Light Medium Dark None Contacts Normal Heavy & Broad	7 8 9 10 11 12 Teeth # 14 15 16 RIGHT 32 17 18 Shade:	Full Denture Complete Denture Immediate Denture Partial Denture Cast Partial with Acrylic Valplast Partial Acrylic Partial Duraflex Partial Duraflex Partial Denture Services Framework Try In Wax Try In Base Plate / Bite Rim Reline Repair
☐ Full Cast Noble (Yello ☐ Full Cast High Noble ☐ Full Cast Premium (H * Color	(Yellow)*	<u>Additional</u> □ Metal Try-In □ Noble Post	28 27 26 25 24 23 22 21	Enclosed with Case ☐ Impression ☐ Bite Relation
Metals, Metal Frame Design, & Pontic Design Traditional PFM (180 Metal Collar) All Porc. Facial Butt Shoulder 180 ° Metal Occlusal with Buccal Cusp Metal Occlusal Wouth Buccal Cusp			Occlusal Clearance ☐ In Occlusion ☐ Out of Occlusion ☐ Light Occlusion ☐ Die Spacer on Opposing ☐ If No Occlusal Clearance ☐ Contact Dentist ☐ Reduction Coping ☐ Place Metal Island ☐ Mark/ Reduce on Opposing	☐ Master Model ☐ Opposing Model ☐ Framework ☐ Other