



REQUIRED INFORMATION

Doctor: _____ Lic. # _____ Account#: _____
 Address: _____ Due Date (by 5 pm): _____
 City/State/Zip: _____
 Phone: _____ Rx Date: _____ Patient Next Appt.: _____
 Dr. Signature: _____ Patient Name: _____ M F
First Last



4 Pin Oak Dr.
 Branford, CT 06405
 caseinfo@yorkdentallab.com

Send Your Cases Today!
(800) 356-6591

TURNAROUND TIMES

Days from when the lab receives case.

Digital	8
Fixed (analog)	14
Implant	21
Removable (per stage)	10
Orthodontic	10

IMPORTANT: Please call ahead to arrange rush cases.

FIXED RESTORATIONS

SELECT: CROWN BRIDGE VENEER

METAL-FREE

- Full / Solid Zirconia
- Esthetic Zirconia
- Layered Zirconia
- e.Max

IMPLANTS

Abutment	Brand	Size
<input type="checkbox"/> Zirconia	_____	_____
<input type="checkbox"/> Titanium	_____	_____
<input type="checkbox"/> Implant Crown Only		
<input type="checkbox"/> Screw Retained		
<input type="checkbox"/> Cement Retained		

COMPOSITE TEMPORARY

PORCELAIN TO METAL

- Non-Precious
- Semi-Precious
- High Noble White
- High Noble Yellow

FULL METAL CAST

- FMC Non-Precious
- FMC Semi-Precious
- FMC High Noble White
- FMC High Noble Yellow

IF INSUFFICIENT ROOM

- Trim Opposing
- Call to Discuss
- Metal Occlusal
- Reduction Coping
- Metal Island
- Trim Prep No Coping

Shipping and Handling Fee \$11.50

**Fixed cases ship free with a UPS shipping label provided by the lab.*

Lifetime on all fixed products

1 year on all removable products

1 year on orthodontic appliances

PLEASE SEND

- RX Forms
- Boxes
- Mailing Labels



SPECIFIC INSTRUCTIONS:

TOOTH #: _____

SHADE: _____

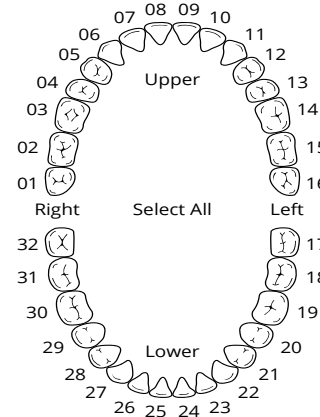
STUMP SHADE: _____

STAINING

- Light Heavy
- Medium None



Diagnostic Wax-Up



REMAKE: Yes No

ORIGINAL PRODUCT ENCLOSED: Yes No

Enclosures Lab Use Only

- Photo(s) Analog Models Implant Parts
- Impression Bite Shade Tab Other

REMOVABLE

SELECT: FULL DENTURE PARTIAL

TISSUE SHADE

- Pink
- Light Pink
- Ethnic
- Blended

SELECT STAGE

- Complete (One Stage)
- Frame Try-in
- Wax Try-in w/Teeth
- Final Process

UPGRADE TO PREMIUM TEETH

CAST PARTIALS

- Cast Partial
- CP Unilateral
- Vitallium

NIGHTGUARDS

- Hard
- Soft
- Hard / Soft
- Thermoguard

NON-METAL PARTIALS

- Kameleon
- Valplast
- Flexible Partial
- Acrylic / Flipper

DENTURES

- Standard
- Premium

IMMEDIATES

- Extract All
- Extract tooth # _____

ORTHODONTIC

- Hawley Retainer
- Space Maintainer
- Other _____

REMOVABLE EXTRAS

- Cast Clasp
- Esthetic Clasp
- Bite Block / Base Plate
- Wire Reinforcement
- Bleaching Tray
- Custom Tray
- Fit to Crown / Appliance
- Pt Identification
- Other _____

REPAIRS/RELINES

- Reline Hard / Soft
- Rebase
- Add Tooth
- Clasp
- Fracture