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 9040 Airport Blvd. P.O. Box 850035 Mobile, AL 36608 (800) 327-4047
 www.oralartsdental.com e-mail: shade@oralartsdental.com

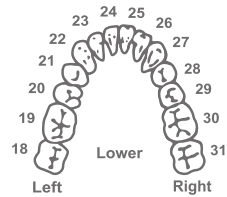
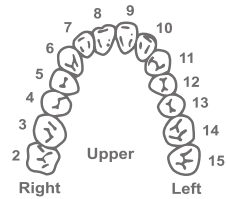
Dr. Name _____ Dr. Phone # _____ Dr. Account # _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____
 Date Written _____ Patient _____ Male Female
 Certification #: KY-L0274, TX-01849

Enclosed # _____ Model _____
 _____ Shade Tab _____ Impression _____
 _____ Articulator _____ Bite _____
 _____ Crown _____ Photos _____
 Other: _____

Due Date (please specific date) _____

Please Send:

- Study Model for Anterior Cases
- Stump Shade for All-Ceramic Cases



If No Occlusal Clearance:

- Metal Occlusal Adjust Opposing
 Reduction Coping Make this permanent preference

Dr. Signature _____ License # _____



Lab Use Only

<p>Shade Instructions: Shade _____ Stump Shade _____ email shades to: shade@oralartsdental.com</p> <p>Occlusal Staining: __ None __ Light __ Medium __ Dark</p>	<p>Pontics (circle preference)</p> <p><input type="checkbox"/> No Contact <input type="checkbox"/> Modified Ridge <input type="checkbox"/> Full Ridge <input type="checkbox"/> Point Contact</p>	<p>Dentures/ Flexible Partial</p> <p><input type="checkbox"/> Denture <input type="checkbox"/> IvoCap Premium Injection Denture <input type="checkbox"/> Duplicate Denture <input type="checkbox"/> Flipper/ Acrylic Partial <input type="checkbox"/> DuraFlex Partial <input type="checkbox"/> TCS Unbreakable Partial <input type="checkbox"/> DuraFlex/ Metal Combo <input type="checkbox"/> TCS Unbreakable/ Metal Combo <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Rim <input type="checkbox"/> Try-in Setup</p> <p><input type="checkbox"/> Name in Appliance _____</p>	<p>Vitallium Metal Partial</p> <p><input type="checkbox"/> Frame Try-In <input type="checkbox"/> Frame with Bite Rim <input type="checkbox"/> Frame with Setup <input type="checkbox"/> Process/ Finish Saddle Areas _____ <input type="checkbox"/> Lab Design _____ <input type="checkbox"/> Metal Dummy _____ <input type="checkbox"/> Metal Dummy/Veneer _____ Rest Areas _____ <input type="checkbox"/> Lab Design _____ <input type="checkbox"/> Indicated on Diagram _____</p>
<p>Zirconia/ Ceramic Crowns/ Provisionals</p> <p><input type="checkbox"/> BruxZir- All Zirconia <input type="checkbox"/> IPS e.Max <input type="checkbox"/> BruxZir Lingual/ Porc. Bucc. <input type="checkbox"/> Forte YZr- Porc.to Zr. <input type="checkbox"/> Lava - Porc. to Zr. <input type="checkbox"/> Indirect Composite <input type="checkbox"/> Lava Ultimate Restorative <input type="checkbox"/> Empress Esthetic <input type="checkbox"/> CAD/CAM Oral Temps</p>	<p>Margin & Metal Design</p> <p><input type="checkbox"/> Porcelain Butt Margin <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>	<p>Set Up/ Teeth</p> <p><input type="checkbox"/> Ideal <input type="checkbox"/> Study Model <input type="checkbox"/> Characterized <input type="checkbox"/> Premium Teeth <input type="checkbox"/> Economy Teeth</p> <p>Shade _____ Mould _____</p>	<p>Night Guards/ Bite Spints/ Mouthguards</p> <p><input type="checkbox"/> Comfort HS <input type="checkbox"/> DuraSoft Splint <input type="checkbox"/> Processed Acrylic Splint <input type="checkbox"/> Sprinkled Acrylic Splint <input type="checkbox"/> Variflex HS <input type="checkbox"/> Soft EVA <input type="checkbox"/> Gelb Splint Specify Colors on Rx</p>
<p>Full-Cast Crowns</p> <p><input type="checkbox"/> Base Metal <input type="checkbox"/> WN <input type="checkbox"/> Argenco Y+ Yellow Noble <input type="checkbox"/> WHN <input type="checkbox"/> Mini Gold Yellow Noble <input type="checkbox"/> YHN</p> <p>Post & Core</p> <p><input type="checkbox"/> One Piece <input type="checkbox"/> Separate</p>	<p>PFM Crowns</p> <p><input type="checkbox"/> Base Metal <input type="checkbox"/> Noble <input type="checkbox"/> Captek <input type="checkbox"/> WHN <input type="checkbox"/> YHN</p>	<p>Tissue/ Acrylic Shade</p> <p>Acrylic: <input type="checkbox"/> Light <input type="checkbox"/> Original <input type="checkbox"/> Dark Ethnic: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p> <p>DuraFlex: <input type="checkbox"/> Clear <input type="checkbox"/> Light Pink <input type="checkbox"/> Medium Pink <input type="checkbox"/> Dark Pink</p> <p>tcs Unbreakable: <input type="checkbox"/> Light Pink <input type="checkbox"/> Standard Pink <input type="checkbox"/> Light/ Dark Pink <input type="checkbox"/> Dark Pink</p>	<p>Sleep Apnea & Ortho Devices</p> <p><input type="checkbox"/> EMA <input type="checkbox"/> TAP 3 Elite TL <input type="checkbox"/> Specify Ortho Device on Rx</p>