

# Fixed & Removable RX



**DENTAL LABORATORIES**

2700 S. Memorial Pkwy P.O. Box 413 Huntsville, AL 35801 (800) 354-2075  
 9040 Airport Blvd. P.O. Box 850035 Mobile, AL 36608 (800) 327-4047  
[www.oralartsdental.com](http://www.oralartsdental.com)

Dr. Name \_\_\_\_\_ Dr. Phone # \_\_\_\_\_ Dr. Account # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date Written \_\_\_\_\_ Patient \_\_\_\_\_  Male  Female

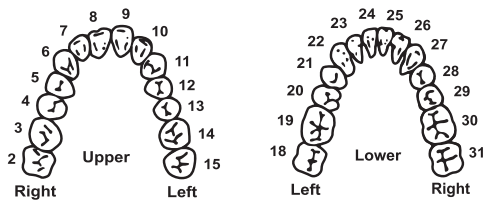
**Enclosed #** \_\_\_\_\_ Model \_\_\_\_\_  
 \_\_\_\_\_ Shade Tab \_\_\_\_\_ Impression \_\_\_\_\_  
 \_\_\_\_\_ Articulator \_\_\_\_\_ Bite \_\_\_\_\_  
 \_\_\_\_\_ Crown \_\_\_\_\_ Photos \_\_\_\_\_  
 Other: \_\_\_\_\_

**Due Date** (Please Specify Date) \_\_\_\_\_

Rush dates not guaranteed without prior approval.

**Please Send:**

- Study Model for Anterior Cases
- Stump Shade for All-Ceramic/Ultra-Z Esthetic

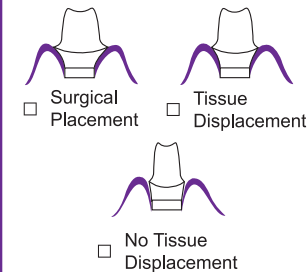


Indicate Implant System \_\_\_\_\_

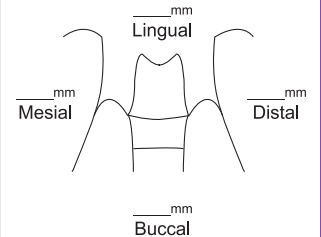
**Implant Abutment**

- OAL Custom Titanium Abutment  OAL Custom Gold Hue Abutment  
 OAL Custom Zirconia w/Ti Insert  Prep Stock Abutment

**Abutment Emergence Profile**



**Abutment Margin Depth**  
 - Below Tissue, + Above Tissue



**QC Stamp:**

**If No Occlusal Clearance:**

- Adjust Opposing  Phone Call  
 Reduction Coping  Make this permanent preference

Dr. Signature \_\_\_\_\_

License # \_\_\_\_\_

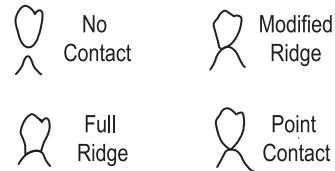
**Shade Instructions:** Shade \_\_\_\_\_  
 Stump Shade \_\_\_\_\_

*Attach shade photos to your case via the OA Customer Portal.*



Occlusal Staining: \_\_\_ None \_\_\_ Light \_\_\_ Medium \_\_\_ Dark

**Pontics (circle preference)**



**Dentures/ Flexible Partial**

- Denture  IvoBase Premium Injection Denture  
 Duplicate Denture  Flipper/ Acrylic Partial  
 DuraFlex Partial  TCS Unbreakable Partial  
 DuraFlex/ Metal Combo  TCS Unbreakable/ Metal Combo  
 Custom Tray  Bite Rim  Try-in Setup  
 Name in Appliance \_\_\_\_\_

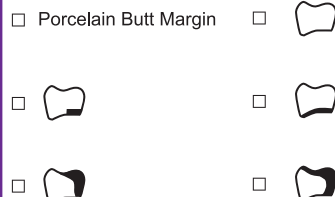
**Premium Cast Partial**

- Frame Try-In  Frame with Bite Rim  
 Frame with Setup  Process/ Finish
- Saddle Areas \_\_\_\_\_ Tooth # \_\_\_\_\_  
 Lab Design \_\_\_\_\_  
 Metal Dummy \_\_\_\_\_  
 Metal Dummy/Veneer \_\_\_\_\_
- Rest Areas \_\_\_\_\_  
 Lab Design \_\_\_\_\_  
 Indicated on Diagram \_\_\_\_\_

**Zirconia/ Ceramic Crowns/ Provisionals**

- Element-Z  IPS e.Max  
 Ultra-Z Esthetic  Indirect Composite  
 Element-Z Lingual  Empress Esthetic  
 Lava - Porc. to Zr.  Add Fiber Force REINF  
 Forte YZr- Porc.to Zr.  
 CAD/CAM Oral Temps  
 Element-Z Screw Retained Hybrid

**Margin & Metal Design**



**Set Up/ Teeth**

- Ideal  Study Model  Characterized  
 Premium Teeth  Economy Teeth

Shade \_\_\_\_\_ Mould \_\_\_\_\_

**Tissue/ Acrylic Shade**

- Acrylic:  Light  Original  Dark  
 Ethnic:  Light  Medium  Dark  
 DuraFlex:  Clear  Light Pink  Medium Pink  Dark Pink  
 TCS Unbreakable:  Light Pink  Standard Pink  
 Light/ Dark Pink  Dark Pink

**Night Guards/Bite Splints/Mouthguards**

- AstronCLEAR  Comfort HS  Sprinkled Acrylic Splint  
 AstronCOLOR  Day Guard  Soft EVA  
 BiteSoft Ant.Splint  DuraSoft Splint  Variflex HS  
 Comfort Hard  Gelb Splint  IvoBase Clear Injected Splint

*Specify Colors on RX*

**Full-Cast Crowns**

- Base Metal  WN  
 Argenco Y+ Yellow Noble  WHN  
 Yellow Noble  YHN

**Post & Core**

- One Piece  Separate

**PFM Crowns**

- Base Metal  Noble  
 Capttek  WHN  YHN

**Sleep Apnea & Ortho Devices**

- dreamTAP  QuietNite  TAP 3 Elite TL  
 EMA  SomnoDent  
 myTAP  Specify Ortho Device on RX

The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Accounts with outstanding balances over 45 days will be subject to COD status. If you have any questions please contact Kathy Henley at [kathy.henley@oralartsdental.com](mailto:kathy.henley@oralartsdental.com). Any case inquiries, questions, or concerns should be directed to [info@oralartsdental.com](mailto:info@oralartsdental.com)