

Fixed & Removable RX

OralArts

DENTAL LABORATORIES

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

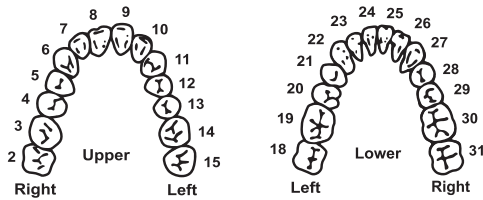
Enclosed # _____ Model _____
 _____ Shade Tab _____ Impression _____
 _____ Articulator _____ Bite _____
 _____ Crown _____ Photos _____
 Other: _____

Due Date (Please Specify Date) _____

Rush dates not guaranteed without prior approval.

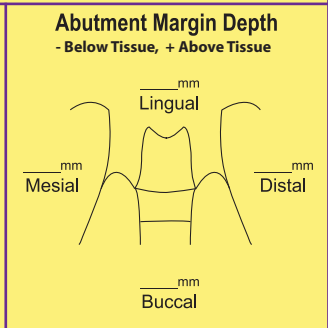
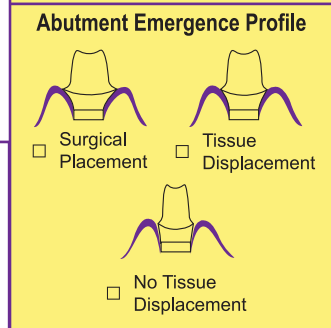
Please Send:

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



Indicate Implant System
 Screw-Retained
 Cement-Retained

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



QC Stamp:

If No Occlusal Clearance:
 Adjust Opposing Phone Call
 Reduction Coping Make this permanent preference

Dr. Signature _____

License # _____

Shade Instructions: Shade _____
 Stump Shade _____

Occlusal Staining: ___ None ___ Light ___ Medium ___ Dark

Pontics (circle preference)

No Contact Modified Ridge
 Full Ridge Point Contact

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 Lab Design Tooth # _____
 Metal Dummy _____
 Metal Dummy/Veneer _____

Rest Areas Lab Design _____
 Indicated on Diagram _____

Zirconia/ Ceramic Crowns/ Provisionals

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

Margin & Metal Design

Porcelain Butt Margin

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 Gelb Splint Variflex HS
 Comfort Hard IvoBase Clear Injected Splint
 Comfort HS Color

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
 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. Any case inquiries, questions, or concerns should be directed to info@oralartsdental.com
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