



Dr. Name: _____ Dr. Phone # _____

Dr. Address: _____ City: _____ State: _____ Zip: _____

Dr. Email Address: _____ Patient: _____ Male Female

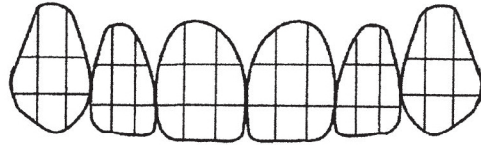
Lab Use Only
Case #

Occlusal

Shade: _____



Buccal



All Ceramic

- e.max®
- Prep Shade _____
- Porc. Fused to Zirconia

Full Contour Zirconia

- BruxZir®
- BioZir
- BruxZir® Anterior

Porcelain Fused to Metal

- Porcelain to Non-Precious
- Porcelain to Semi-Precious
- Porcelain to White High Noble
- Post and Core
- Non-Precious
- Semi-Precious
- Porcelain to Yellow High Noble
- Captek™
- Maryland Bridge
- Non-Precious
- Porc. Fused to Zirconia

Full Cast

- Non-Precious
- Semi-Precious
- White Gold
- Yellow Gold

Eazy Implant · Package

- Ti Abutment w/ Full-Contour Zirconia Crown
- Ti Abutment w/ Porcelain Fused to Zirconia Crown
- Ti Abutment w/ Semi-Precious Crown
- Zirconia Abutment w/ Zirconia Full-Contour Crown
- Zirconia Abutment w/ Porcelain Fused to Zirconia Crown

Eazy Implant · Denture

- Screw Retained Hybrid Denture Processed
- Bar Locator CAD/CAM Milled Overdenture
- Locator Implant Overdenture
- Full-Contour Zirconia Screw Retained Hybrid Bridge

Eazy Screw Retained Crown Package

- Screw Retained Crown - Semi-Precious

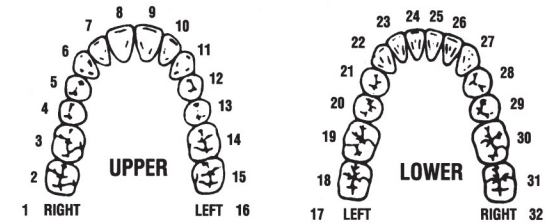
ALL PACKAGES INCLUDE PARTS AND LABOR.

Doctor's Instructions:

Date Mailed: _____ Due Date: _____ Time: _____

Please mark enclosed items:

- Impression Bite Model
- Shade Tab Study Model
- Implant Parts _____



Tooth Selection

- Standard
- Premium (Additional Charge)

Dentures

- Full Upper Denture
- Full Lower Denture
- Custom Tray
- Base Bite Rim
- Try-in
- Finish

Tissue Shade _____

Partials

- All Acrylic
- Cast
- Valplast®
- Flexi Flipper
- Cast/Flexi Partial
- Acrylic Flipper
- Framework Only
- Custom Tray
- Wax Try-in w/Frame
- Bite Rim
- Finish
- Try-In

Tissue Shade _____

Tooth selection used based on shade guide choice unless otherwise noted. You will receive a standard/deluxe if no type partial/denture is selected.

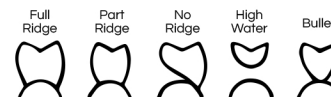
If minimal occlusal clearance:

- Call Doctor
- Reduction coping (extra charge)
- Adjust opposing
- Metal island if necessary

MARGIN DESIGN

- Porcelain Butt
- Lingual Metal Collar
- Full Metal Band
- No Metal Collar
- Full Metal Lingual

PONTIC DESIGN



Signature: _____ License #: _____

Payment is due upon receipt of statement. Total statement amount due by end of month. All past due invoices will be subject to a finance charge and collection fees. The signer is responsible both corporately and personally. Your signature is acceptance of these terms.

Has this case been disinfected?

- Yes
- No

Please visit our website for product updates, specials, Rx forms, UPS labels and other useful information.

www.b&hlabs.com