

Please **SUBMIT** by selecting the closest Modern Dental Center to you.

Dr. Name: _____ Practice Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Return Date: _____
(Please use return date calendar)

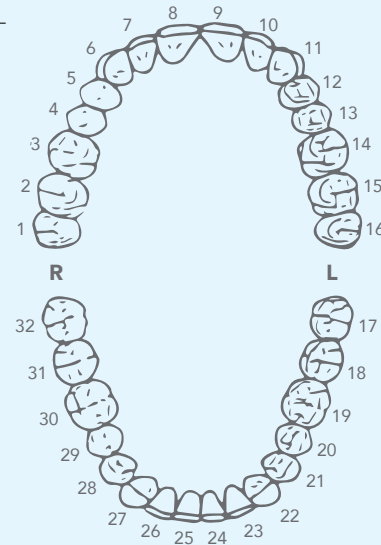
IMPLANT SYSTEM

- Nobel Biocare® Zimmer Astra
 Straumann Biomet 3i™ Other: _____
 Platform Diameter & System: _____

CALL US FOR A PICK-UP:

PATIENT: _____

SPECIAL INSTRUCTIONS:



SIGNATURE: _____

LICENSE #: _____

Please submit the **completed** form to the closest Modern Dental Center to you by selecting the right location above.

FIXED RESTORATIONS

PORCELAIN FUSED TO METAL

- Non-Precious Cr/Co
 Noble White*
 High Noble
 White* Yellow

FULL CAST

- Non-Precious White
 Noble Yellow Type 3*
 High Noble
 Yellow Type 2 *or* Yellow Type 4

FULL MILLED ZIRCONIA

- Calypso™ FMZ* Lava™ Plus
 Zenostar® Zirlux®

PORCELAIN FUSED TO ZIRCONIA

- Calypso™ PFZ* Lava™ PFZ

ALL CERAMIC/METAL FREE

- Lava™ Ultimate (nano-ceramic)
 IPS Empress® Esthetic
 IPS e.max® IPS e.max® CAD
 High Translucency
 Low Translucency*

OTHER

- Diagnostic Wax-up
 Acrylic Temporaries
 Ceramage® Composite
 Surgical Stent
 EZ Veneers™

IMPLANT CROWN

- Cement Retained Screw Retained

STANDARD/CAST ABUTMENT

- Zirconia Titanium Cast Gold

CUSTOM MILLED ABUTMENT

- Zirconia
 Calypso™ Lava™ Procera
 Atlantis™ Encode®
 Titanium
 Modern Procera
 Atlantis™ Encode®

REMOVABLE RESTORATIONS

- Upper
 Lower
 Premium*
 Stippled Finish
 Yes* No
 Standard

TOOTH SET-UP

- Ideal*
 Characterized
 Study model

TOOTH SHADE: _____

FULL DENTURE

- Set-up
 Finish

ACRYLIC SHADE

- Original
 Pink*

PARTIAL DENTURE

- Set-up
 Finish
 Cr-Co Frame
 ReSure™ Frame**
 Titanium Frame
 Flipper (Single Stage)

- Light Reddish Pink
 Dark

GUARDS

- Upper* Lower
 Hard Acrylic Nightguard
 Elite Sport Guard
 Talon® (hard/soft)
 Night Guard

FLEXIBLE PARTIAL

- Set-up
 Finish

ORTHODONTICS

- Study Models (pair)
 Space Maintainer
 Hawley Retainer
 Other: _____

IMMEDIATES

- Extract All
 Extract #'s: _____

REMOVABLE EXTRAS

- Custom Tray
 Bite Block
 Ceramage® Composite
 Reline
 Hard *or* Soft
 Other: _____

IMPLANT/ATTACHMENTS

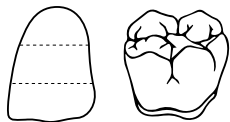
- Locators
 Ball
 Hader Bar®
 Mini Implant
 Other: _____

FLEXIBLE CLASP

- Pink Tooth Colored Clear

SHADE: _____

Stump Shade: _____



TRANSLUCENCY

- Low Medium* High Use Drawing

OCCUSAL STAINING

- None* Light Medium Dark

PORCELAIN MARGIN

- None* 360° Mesio-Buccal Buccal/Facial

METAL DESIGN



PONTIC DESIGN



PROXIMAL CONTACT

- Normal * Extended

EMBRASURE

- Open * Normal

OCCUSAL CONTACT

- Heavy * Light Open

If no occlusal clearance:

- adjust opposing* metal island
 metal occlusal adjust die

FEATURES

- Fit to Partial PD Rest Attachment

DENTAL SLEEP MEDICINE

APPLIANCES

- The Moses® Qty: _____ *(call for discounted rate on additional appliances)*

* Please use The Moses® Bite System - visit www.themoses.com/bite

- Additional Maxillary Retainer for this patient
 EMA® * Supply centric bite block (6-10mm vertical)
 Maximum protrusive range _____ mm

GENERAL TERMS AND CONDITIONS:

To view our full Terms & Conditions, please visit our website www.moderndentalusa.com. By placing an order, Customer agrees that such General Terms & Conditions shall be binding on all orders placed with Modern Dental Laboratory USA by Customer. Modern Dental Laboratory USA reserves the right to revise such General Terms & Conditions at any time without notification. Standard turnaround time for digital restorations is 5 - 6 business days in lab; Standard turnaround time for all other products is 10 - 12 business days in lab.

**FOR LAB USE ONLY:
CONTENTS**

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Triple Tray | <input type="checkbox"/> Single Tray | <input type="checkbox"/> Stone Model |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Stick Bite | <input type="checkbox"/> Metal Frame |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Alginate | <input type="checkbox"/> Wax Try-in |
| <input type="checkbox"/> Moses Bite | <input type="checkbox"/> Other: _____ | |

FOR LAB USE ONLY:

RK CODE: _____

OR #: _____

Initial: _____ Tracking#: _____

MDL Notes:

ADDITIONAL NOTES BY DOCTOR: