

BAR CODE

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

**CALL US**  
FOR A PICK-UP:  
**877-711-8778**

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.

PATIENT: \_\_\_\_\_

Rx

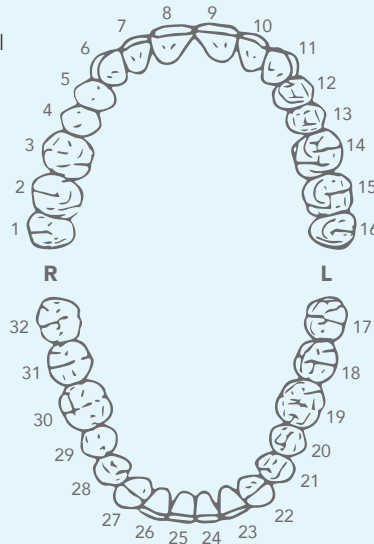
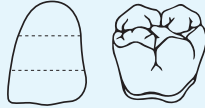
TRANSLUCENCY SHADE: \_\_\_\_\_

- Low  
\*  Medium  
 High

Stump Shade: \_\_\_\_\_

FISSURE STAIN

- \*  None  
 Light  
 Normal



- If no occlusal clearance:  
 Adjust Opposing  metal island  
 Metal Occlusal  Adjust Die

SIGNATURE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PORCELAIN MARGIN

- Mesio-Buccal  Buccal/Facial  360°

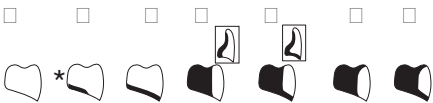
PROXIMAL CONTACT

- Normal \*  Extended

OCCUSAL CONTACT

- Heavy \*  Light  Open

METAL DESIGN



EMBRASURE

- Normal \*  Close

PONTIC DESIGN

- \*

### FIXED RESTORATIONS

#### PORCELAIN FUSED TO METAL

- Non-Precious  
 Noble White  
 High Noble:  White  Yellow

#### FULL CAST

- Non-Precious  
 Noble Yellow  
 High Noble Yellow

#### FULL MILLED ZIRCONIA

- Calypso™ FMZ  Lava™ Plus  
 Zenostar®  Zirlux®

#### PORCELAIN FUSED TO ZIRCONIA

- Calypso™ PFZ  Lava™ PFZ

#### ALL CERAMIC/METAL FREE

- IPS e.max® CAD  
 IPS e.max® Press  
 IPS Empress® Esthetic (veneer only)

#### OTHER

- Acrylic Temporaries  Composite

### REMOVABLE RESTORATIONS

- FULL DENTURE**  Premium  Standard  
 Upper  Lower  Set-up  Finish

- PARTIAL DENTURE**  Premium  Standard  
 Upper  Lower  
 Cr-Co  Ti Frame  ReSure™  
 Frame Try In  Teeth Try In  Finish

#### FLEXIBLE DENTURE

- Upper  Lower  Set-up  Finish

- FLIPPER (Single Stage)**  Upper  Lower

#### REMOVABLE EXTRA

- Custom Tray  Bite Block  Reline  
 Clear Clasp  White Clasp  \_\_\_\_\_

#### GUARDS

- \*  Upper  Lower  
 Hard Acrylic  Talon® (hard/soft)  Elite Sport

#### ORTHODONTICS

- Space Maintainer  Hawley Retainer  
 Study Model  Other: \_\_\_\_\_

### IMPLANTS

#### PLATFORM DIAMETER & SYSTEM

#### IMPLANT CROWN

- Cement Retained  Screw Retained

#### STANDARD/CAST ABUTMENT

- Zirconia  Titanium  Cast Gold

#### CUSTOM MILLED ABUTMENT

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

#### IMPLANT EXTRAS

- Surgical Stent

### DENTAL SLEEP MEDICINE

#### APPLIANCES

- The Moses® \*  The Moses® Elite  
 EMA® Max. protrusive range \_\_\_\_\_ mm  
 The Moses® Patient Brochures (50)  
 The Moses® Sample  EMA® Sample

#### Bite Requirement

The Moses®  
Refer to: [www.themoses.com/bite](http://www.themoses.com/bite)

EMA®  
Centric bite with 6-10mm vertical opening

To view our full Terms & Conditions, please visit our website: [www.moderndentalusa.com](http://www.moderndentalusa.com)

\* Protocol unless specified otherwise

FOR LAB USE ONLY:  Triple Tray  Single Tray  Stone Model  Bite  Stick Bite  Metal Frame  
 Alginate  Wax Try-in  Moses Bite  Wax Try-in  Other: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS:**

To view our full Terms & Conditions, please visit our website [www.moderndentalusa.com](http://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:**