



FOR LAB USE ONLY

Pan # \_\_\_\_\_

Entered By \_\_\_\_\_

Dr. Name \_\_\_\_\_

Patient Name \_\_\_\_\_

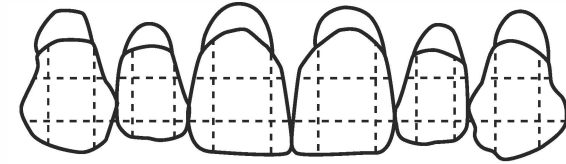
Dr. Phone \_\_\_\_\_

Male  
 Female

DUE DATE \_\_\_\_\_ TO BE DELIVERED BY 5:00PM

IF RUSH CASE, PLEASE CALL 510. 825. 1996

SPECIAL INSTRUCTIONS



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Enclosed with case:  Impressions  Models  Bite  Photos  Other \_\_\_\_\_

VENEER / CROWN / INLAY / ONLAY

- e.max Layered
- e.max Stained
- Layered Zirconia
- Stained Zirconia
- Lava Ultimate

METAL CROWN / INLAY / ONLAY / POST

- Full Gold
- Yellow
- White

IMPLANT

- Implant Company \_\_\_\_\_
- Implant Size \_\_\_\_\_
- \_\_Cement Type
- Screw Type

OTHER

- Diagnostic Wax Up
- PMMA
- Mock Up Matrix
- STL File Sent
- 3D Printed Cast

SHADE \_\_\_\_\_

STUMP SHADE \_\_\_\_\_

Custom Shade at the Lab

We will provide you with a due date after seeing your patient

Please E-mail Photos to:  
nikodentalstudio@gmail.com

Please send STL files to:  
nikodentalstudio@gmail.com

STAINING

- None
- Light
- Medium

INTERPROXIMAL CONTACTS

- Light
- Medium
- Heavy

OCCLUSAL CONTACT

- Out (0.3mm sub)
- Light
- Contact

IF NO OCCLUSION CLEARANCE

- Reduction Coping
- Spot Opposing



\_\_\_\_\_  
DENTIST LICENSE #

\_\_\_\_\_  
SIGNATURE OF DENTIST

\_\_\_\_\_  
TODAY'S DATE

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.