

Doctor: _____ **FOR LAB USE ONLY**
 TIME IN: _____
 DISINFECTED: _____

Patient name: _____
 (first, last please print clearly)

CASE NEEDED BY (mark date and time below)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE					
TIME (AM/PM)					

TOOTH #(S): _____ **AGE:** _____ **M** **F** **SHADE:** _____

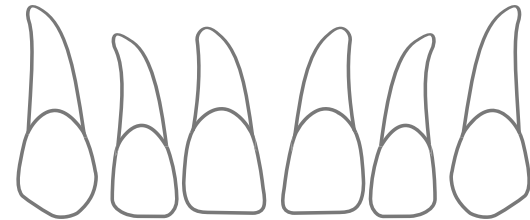
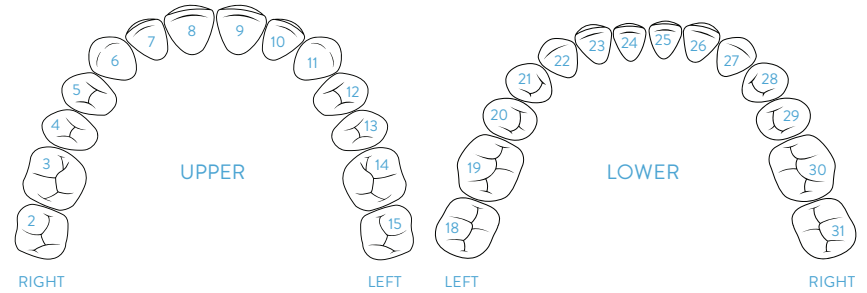
SERVICE REQUESTED (check all that apply)

U	L	CERAMICS	U	L	SPLINTS/GUARDS
		ARGENZ™ HT ZIRCONIA			KEYSPLINT™ 3D PRINTED NIGHTGUARD
		ARGENZ™ ANTERIOR			ATHLETIC GUARD
		EMAX™ PRESSED			WHITENING TRAYS/FLOURIDE TRAYS
		EMAX™ PRESSED/LAYERED			HARD SPLINT RETAINER
		CROWN + BRIDGE			REMOVABLE SERVICES
		FGC ARGEN™ MILL-HIGH NOBLE			FLIPPER
		FGC ARGEN™ MILL NOBLE			DENTURE RELINE
		IMPLANT SERVICES			DENTURE ACRYLIC REPAIR
		ZIRCONIA ABUTMENT			ADD DENTURE TOOTH
		TITANIUM ABUTMENT			DENTURES
		ENCODE™ IMPLANT SYSTEM			CUSTOM TRAY
		SCREW RETAINED PROVISIONAL			CUSTOM TRAY WITH WAX BITE RIM
		SCREW ACCESS + CEMENTATION			ARGEN™ 3D PRINTED DENTURE
		INSERTION GUIDE			ARGEN™ MONOBLOCK DENTURE TRY-IN
		SURGICAL GUIDE W/ DRILL CHAMBER			VALPLAST™ 3D PRINTED DENTURES
		ADDITIONAL SERVICES			PARTIAL DENTURE BILATERAL
		DIAGNOSTIC WAX-UP			PARTIAL DENTURE UNILATERAL
		PROVISIONAL IMPRESSION OF WAX-UP			CLEAR ALIGNERS
		3D PRINTED PROVISIONAL			ARGEN® CLEAR ALIGNERS

Turnaround times vary. Please call for specific timing regarding your services.

Call by 9:00 am for morning pick up. Call by 2:00 pm for afternoon for local pick up.

CASE NOTES AND SPECIAL INSTRUCTIONS



PLEASE SEND: **RX FORMS** **MAILING LABELS** **MAILING BOXES**

CHECK BOX IF YOU'VE SENT IMAGE VIA EMAIL

Signature: _____ D.D.S.

License No: _____ Date: _____

DOCTOR PLEASE RETAIN DUPLICATE COPY