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Excellent Dental Lab Inc.

Dr. Name _____
Address _____
City State _____
Phone number _____
Eemail adress _____

Patients Name _____

- Male Female Age _____ Patient chart # _____
 Todays Date _____ Shade _____
 Return by _____  
 Please return A.S.A.P.
 Please call me or email me Tracking # when you ship this case

PLEASE CHECK APPROPRIATE BOXES

- Porcelain fused to N.P.
- Porcelain fused to noble Metal
- Porcelain fused to Yellow gold
- Porcelain fused to white gold
- Porcelain fused to Marylandbridge pontic
- Porcelain fused to Titanium
- Porcelain fused to Zirconia

METAL RESTORATIONS

Please Specify Alloy

- Full Cast Crown _____
- Inlay _____
- Onlay _____
- 3/4 Crown _____
- Maryland bridge Retainer
- Wax and Cast Post _____
- Direct Casting _____
- Titanium Implant Abutment

METAL FREE RESTORATIONS

Please Specify

- IPS e-max Press
- IPS e-max Press. Veneer
- Full Contour Solid Zirconia
- Fiber Core Crown
- Inlay _____
- Onlay _____
- Acrylic Temporararies
- Diagnostic Wax-ups

In Lab 7 Working Days Required

ALLOW TIME FOR QUALITY

Supplies: Boxes Rx Forms Shipping Labels Lab Bags

Enclosed find Impression Counter Bite Lab Analog Implant post Study Model Remake

RX FIXED RESTORATIONS
Special Instructions

Please call me before starting on this case

Pontic dessigne



Contacts

- Normal
- Point
- Heavy & broad

Shade Tab Enclosed

Occlusal Staining

- Light
- Medium
- Heavy
- None

Occlusal Clearance

- In occlusion
- Light occlusion
- Out of occlusion

Metal Collars

- No Collar
- Small Lingual
- Small Bucal
- No Collar

If no occlusal clearance

- Relieve Opposing
- Metal Oclusal

- Call or Email
- Make Reduction Coping

Stages

- Complete
- Try- In
- Bisque Bake
- Glaze and Finish

Please Specify

- Single Units
- Splinted
- Separate Post
- Cingulum Rest
- Mesial Rest #
- Distal Rest #
- Crown over Implant
- Butt joint on #



Dr, Signature _____

Dr. Licanse # _____