



**FALLS
DENTAL
LAB INC.**

fallsdentallab.com

N88 W17015 Main Street
Menomonee Falls, WI 53051
(262) 502-9790

E-Mail: fallsdentallabinc@gmail.com

Send: Boxes RX's

DATE _____

Tel. No. _____

FROM: Dr. _____

Address _____

Patient Name: _____

Male Female Age: _____

PORCELAIN DESIGN (CIRCLE ONE)						PONTIC DESIGN	
						<input type="checkbox"/> Full Ridge Lap	<input type="checkbox"/> Partial Ridge Lap
						<input type="checkbox"/> Modified Ridge Lap	<input type="checkbox"/> Ovate
			Metal Island	No Metal Showing		<input type="checkbox"/> Sanitary	

SHAPE			SHADE	TISSUE SHADE
Occlusal Staining:	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy	
Glaze:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	
Occlusal Contacts:	<input type="checkbox"/> Tight	<input type="checkbox"/> Light	<input type="checkbox"/> Left Open	
Contacts:	<input type="checkbox"/> Tight	<input type="checkbox"/> Light	<input type="checkbox"/> Left Open	<input type="checkbox"/> Broad

Instructions:

Date Rec.

DT OUT

DT IN

MATERIALS

- | | |
|---|---|
| <input type="checkbox"/> Falls Zirconia
(Monolithic) 1200 mpa | <input type="checkbox"/> PF Zirconia (Stacked)
(Substructure) 1200 mpa |
| <input type="checkbox"/> Extra-Trans Zirconia
(Monolithic) 750 mpa | <input type="checkbox"/> Emax
(Lithium Disilicate) 530 mpa |
| <input type="checkbox"/> Multi-Layered 750 mpa | <input type="checkbox"/> Celtra Duo (Premium)
(Zirconia-reinforced Lithium-Silicate) 560 mpa |

METALS: PFM/FULL CAST

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Non-Precious | <input type="checkbox"/> Noble White | <input type="checkbox"/> Noble Yellow |
| <input type="checkbox"/> Hi-Noble White | <input type="checkbox"/> Hi-Noble Yellow | |

* PLEASE CALL FOR OPTIONS

LAB USE ONLY

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Imp. | <input type="checkbox"/> Impl. Anlg. |
| <input type="checkbox"/> Bt. Reg. | <input type="checkbox"/> Sh. Tab |
| <input type="checkbox"/> Opp. | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Old Crn. | <input type="checkbox"/> Stdy. Mdl. |
| <input type="checkbox"/> Old Mdl. Wk. | <input type="checkbox"/> Pre-Op. Imp. |
| <input type="checkbox"/> Imp. Cop. | <input type="checkbox"/> Dr. Note |
| <input type="checkbox"/> Other _____ | |

IMPLANT INFO

Please Fill Out

- Implant Make _____
- Implant Size _____
- Cement Over
- Access Hole (No Cement)
- Screw-Retained (Cement In-Lab)
- Gold Shaded Abutment
- Titanium Abutment
- Occlusal Jig (for Screw-Retained)

DATE TO BE RETURNED _____

Insertion Date _____ Time _____

Signature _____

Use reverse side for additional instructions

PLEASE RETAIN 2 COPIES FOR YOUR FILE

WHITE - LABORATORY COPY YELLOW - DOCTOR'S COPY PINK - DOCTOR'S COPY