

Case Number



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Fairmont, MN 56031
507-235-9040
email: info@FiveLakesDental.com
www.FiveLakesDental.com

Doctor _____
Address _____
City _____ State _____
Phone _____ Date sent _____

Patient _____
Age _____ Male Female
Appt M T W Th F
Date _____ Time _____

Return Doctors:

- Shade Tab Articulator Tray Bite Reg. Study Model Photo

PLEASE SEND: Transport Boxes Prescription Sheets Infection Control Bags

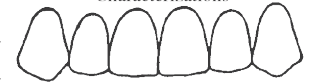
Shade

Gingival _____
Body _____
Incisal _____

Custom Shade

Pt. Phone _____
Stump Shade _____

Characterizations



Crown & Bridge

Porcelain to Metal

White/Gold (HN) *circle one*

Flat Rate

- NP
 Noble

Esthetic Metal Free (all flat rate)

- EMAX/EMAX Layered *circle one*
 Zirconia Layered

Full Zirconia

- Plus Simple

Full Cast

- Gold (N) 35-38% AU
 Gold (HN) 55-58% AU

Flat Rate

- NP
 Silver PDAG (N)
 Y+2% AU

Contacts

- Mesial Distal
 Open Open
 Closed Closed

Design

- Porcelain Occlusion Metal Occlusion/Lingual Porcelain Shoulder
 No Facial Collar .2 mm Facial Collar 1-2 mm Facial Collar

Insufficient Clearance

- Trim opposing Reduction cap CALL

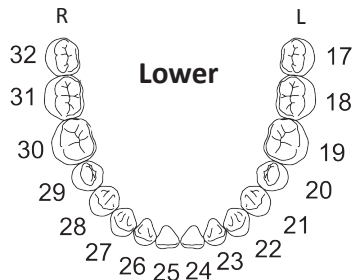
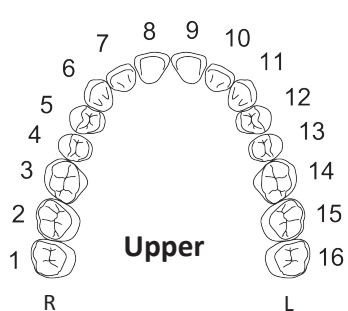
Removable

Case Type: F/ /F P/ /P

- Wax Try in Tracer
 Frame Try in Mouthguard
 w/ teeth w/o teeth Splint _____
 Finish _____

Repairs

- Economy Reline Soft/Hard *circle one*
 Premium Laserweld
 Plastic Teeth Rebase
 Porcelain Teeth Add Teeth _____
 Custom Tray
 Bite Rim



In lab disinfected by:

License Number _____

Signature _____

**Patient specific fabricated in the U.S.A.
pink copy to doctor – white and yellow copy to lab**