Elite Dental
FULL SERVICE DENTAL LAB

200 Craig Road
Manalapan, NJ 07726
Phone: 800 771 9840
Fax: 732 903 2589

Dr. Name:_____ Dr. Phone # _____

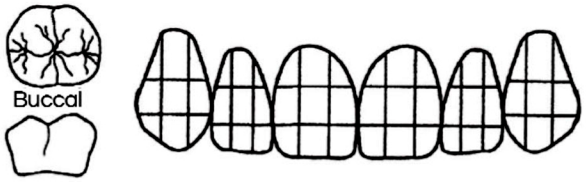
Dr. Address:_____ City:_____ State:_____ Zip: _____

Dr. Email Address:_____ Patient:_____ ❑ Male ❑ Female

Lab Use Only
Case #

Occlusal

Shade: _____



ALL CERAMIC

❑ e.max®
❑ Prep Shade _____
❑ Porc. Fused to Zirconia

FULL CONTOUR ZIRCONIA

❑ BruxZir®
❑ BioZir
❑ BruxZir® Anterior

PORCELAIN FUSED TO METAL

❑ Porcelain to Non-Precious
❑ Porcelain to Semi-Precious
❑ Porcelain to White High Noble
❑ Post and Core
  ❑ Non-Precious
  ❑ Semi-Precious
❑ Porcelain to Yellow High Noble
❑ Captek™
❑ Maryland Bridge
  ❑ Non-Precious
  ❑ Porc. Fused to Zirconia

FULL CAST

❑ Non-Precious
❑ Semi-Precious
❑ White Gold
❑ Yellow Gold

IMPLANT - PACKAGE

❑ Ti Abutment w/ Full-Contour Zirconia Crown
❑ Ti Abutment w/ Porcelain Fused to Zirconia Crown
❑ Ti Abutment w/ Semi-Precious Crown
❑ Zirconia Abutment w/ Zirconia Full-Contour Crown
❑ Zirconia Abutment w/ Porcelain Fused to Zirconia Crown

IMPLANT - DENTURE

❑ Screw Retained Hybrid Denture Processed
❑ Bar Locator CAD/CAM Milled Overdenture
❑ Locator Implant Overdenture
❑ Full-Contour Zirconia Screw Retained Hybrid Bridge

SCREW RETAINED CROWN PACKAGE

❑ Screw Retained Crown - Semi-Precious

ALL PACKAGES INCLUDE PARTS AND LABOR

Doctor's Instructions:

Date Mailed: _____ Due Date: _____ Time: _____

If minimal occlusal clearance:

❑ Call Doctor ❑ Reduction coping (extra charge) ❑ Adjust opposing ❑ Metal island if necessary

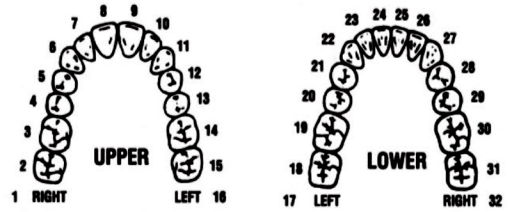
MARGIN DESIGN

❑ Porcelain Butt
❑ Lingual Metal Collar
❑ Full Metal Band
❑ No Metal Collar
❑ Full Metal Lingual

PONTIC DESIGN

PLEASE MARK ENCLOSED ITEMS:

____ Impression ____ Bite ____ Model
____ Shade Tab ____ Study Model
____ Implant Parts _____



TOOTH SELECTION

❑ Standard ❑ Premium (Additional Charge)

DENTURES

❑ Full Upper Denture ❑ Full Lower Denture

❑ Custom Tray
❑ Base Bite Rim
❑ Try-in
❑ Finish

Tissue Shade _____

PARTIALS

❑ All Acrylic
❑ Cast
❑ Valplast®
❑ Flexi Flipper
❑ Cast/Flexi Partial
❑ Acrylic Flipper

❑ Framework Only ❑ Wax Try-in w/Frame ❑ Finish
❑ Custom Tray ❑ Bite Rim ❑ Try-In

❑ Tissue Shade _____

Tooth selection used based on shade guide choice unless otherwise noted. You will receive a standard/deluxe if no type partial/denture is selected.

Signature: _____ License #: _____

Payment is due upon receipt of statement. Total statement amount due by end of month. All past due invoices will be subject to a finance charge and collection fees. The signer is responsible both corporately and personally. Your signature is acceptance of these terms.

Has this case been disinfected?

❑ Yes ❑ No

Please visit our website for product updates, specials, Rx forms, UPS labels and other useful information.
www.dentallabelite.com