



**Fixed**

8842 Goodby's Executive Drive • Jacksonville, Florida 32217  
(904) 448-0011 • (800) 766-9430 • Fax: (904) 448-5617  
WeMakeSmiles@dcslab.com

**Doctor:** \_\_\_\_\_ Date Sent: \_\_\_\_\_

**Address:** \_\_\_\_\_ Try In: \_\_\_\_\_

\_\_\_\_\_ Finish Date: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

**Material:** \_\_\_\_\_ Tooth Number(s): \_\_\_\_\_

- Zirconia (Select Preference)       E max\*       PFM (Select Metal)
- Monolithic       Monolithic       Base Metal
- Monolithic - Ultra Translucent \*       Layered       Noble
- Layered       High Noble

*\* Stump shade required for these products*

**Shade Instructions:**

Gingival Shade: \_\_\_\_\_ Body Shade: \_\_\_\_\_ Incisal Shade: \_\_\_\_\_

Stump Shade: \_\_\_\_\_

Texture:       Light       Medium       Heavy       None

Incisal Translucency:       Light       Medium       Heavy       None

Occlusal Staining:       Light       Medium       Heavy       None

**Implants:**

Screw-Retained       Cement-Retained

Implant System: \_\_\_\_\_ Size: \_\_\_\_\_

Abutment Material:       Titanium       Titanium (Gold Shaded)       Zirconia

Emergence:       Follow Tissue       Contour Tissue       Anatomical  
*(No expansion)*      *(Expand 0.5mm)*      *(Fully expand)*

**Notes/Instructions**

Has the patient been equilibrated?       Yes       No

Will opposing teeth be restored?       Yes       No

If inadequate occlusal clearance:

May we reshape opposing?       Yes       No

May we reshape prep?       Yes       No

May we leave metal occlusion?       Yes       No

*Thank You for Choosing DCS Laboratory!*  
**"Whatever It Takes"**

**Doctor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_



**Removable**

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**Address:** \_\_\_\_\_ Try In: \_\_\_\_\_

\_\_\_\_\_ Finish Date: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

\_\_\_\_\_ Tooth Number(s): \_\_\_\_\_

Shade: \_\_\_\_\_

Mould: \_\_\_\_\_

**Arch:**

- Maxillary
- Mandibular
- Both Arches

**Teeth:**

- t o w o F hcwn
- Geqqo

**Dentures/ Acrylic Partial:**

- Conventional Denture
- Flipper /Acrylic Partial
- Flexible Partial
- Custom Tray
- Bite Rim
- Set Up / Try In

**Cast Partial:**

- Framework Try In
- Framework / Set Up
- Framework / Bite Rim
- Process & Finish

**Night Guards:**

- Hard
- Hard with Soft Liner
- Thermoguard

Y n n u d cp oo f c?       Yes  No

May we reshape prep?       Yes  No

May we leave metal occlusion?       Yes  No

**Notes/Instructions**

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**"Whatever It Takes"**

**Doctor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_