



**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) ☐ Lithium Disilicate\* ☐ 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 #: \_\_\_\_\_



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