



ELITE CERAMICS

DENTAL LABORATORY

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903-747-8318

DUE DATE _____ TIME _____

Dr. NAME _____

Dr. PHONE NUMBER _____

PLEASE SEND

RX Forms Boxes

Texas Registered Dental Laboratory, License # 3698

PATIENT NAME _____

SEX M F AGE _____

ENCLOSED WITH CASE

- photos
- models
- impression
- bite
- implant parts
- shade tab

INSTRUCTION: Call Dr



PFM

- high Noble (white)
- Noble (white)
- VENEER**
- full contour
- layered

FULL CAST

- high Noble (yellow)
- Noble (white)
- Noble (yellow)
- gold inlay / onlay

ZIRCONIA

- full contour zirconia
- layered zirconia
- custom layered zirconia

LITHIUM DISILICATE

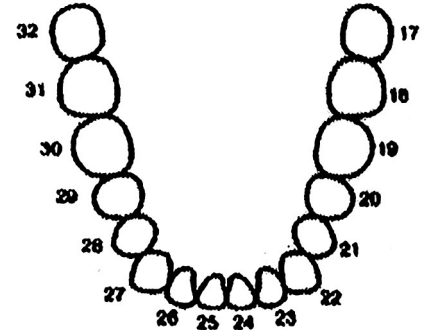
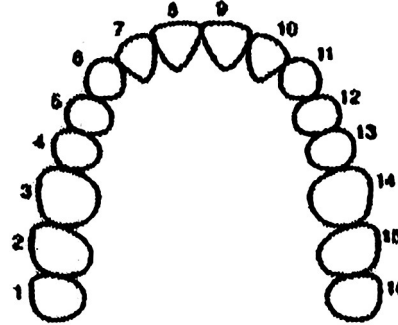
- full contour LD
- layered LD
- custom layered LD

PROVISIONALS

- resin milled temporaries (PMMA)
- flipper partial (1-3 teeth)



Tooth Numbers To Be Restored



SHADE INSTRUCTIONS



- shade _____ stump shade _____
- occlusal staining none light
 medium dark

Pontic Design



MARGIN DESIGN / OCCLUSAL CLEARANCE

- porcelain to margin
- porcelain butt margin
- metal collar _____mm
- Metal occlusion or lingual
- Reduction coping
- Reduce opposing

REMOVABLE DENTURES

- REMOVABLE TYPE** frame try-in occlusal rim try-in set-up try-in finish
- pin tracer custom tray
- economy denture standard denture premium denture locator retained
- ideal follow study model characterized
- cast partial denture immediate denture acrylic partial denture (4 teeth)
- full name in denture 1st initial, Last name in denture

SHADE tooth shade _____ tissue shade _____ light med dark

Medit, Primescan, Trios, & Itero Scans Accepted

CUSTOM IMPLANT ABUTMENTS

- screw retained
- titanium
- cemented
- zirconia
- gold hue
- implant brand _____
- platform size _____ seating jig

SPLINTS

- hard splint
- ANTERIOR GUIDANCE**
- athletic guards
- yes no

doctor signature _____ doctor license# _____