



**DENTAL LABS**  
 1800 9th Ave North  
 St Petersburg FL 33713  
 1.866.561.9777  
 Fax 727.573.1151  
 www.sundentallabs.com

Doctor's Name/Account Number or Referring Dental Lab \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Patient's Name \_\_\_\_\_ ID# Patient's ID Number \_\_\_\_\_

Date of RX \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>LAB USE</b>	<input type="checkbox"/> IMPRESSION	<input type="checkbox"/> WAXUP	<input type="checkbox"/> DENTURE	<input type="checkbox"/> CROWN
	<input type="checkbox"/> ARTICULATOR	<input type="checkbox"/> BITE	<input type="checkbox"/> FRAMEWORK	<input type="checkbox"/> PAYMENT
	<input type="checkbox"/> MODELS	<input type="checkbox"/> BITE BLOCK	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> CASES
	Postage <input type="checkbox"/> REGULAR		<input type="checkbox"/> OVERNIGHT	

**FIXED RESTORATIONS**

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

Occlusal Staining

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

**Restoration**

Crown  Inlay/Onlay  
 Bridge  Veneer

**Pontic Design**



**Design Details**

360° metal margin \_\_\_\_\_ mm  Metal Lingual\*  
 Porcelain Butt Margin\*  Metal Occlusal\*  
 Other \_\_\_\_\_

\*Additional Charge

**All-Ceramic**

SunCeram Translucent Zirconia  
 Suntech Full Zirconia  
 Suntech Layered Zirconia  
 e.max Pressed  
 Suntech Zirconia Coping Only

**Other**

Gradia Composite  
 Suntech Temporary  
 Diagnostic Wax Up  
 Post and Core

**PFM Crowns**

Non-Precious  
 GYa JIDYVci gK \JH; cX  
 High Noble White Gold  
 High Noble Yellow Gold

**Full Cast**

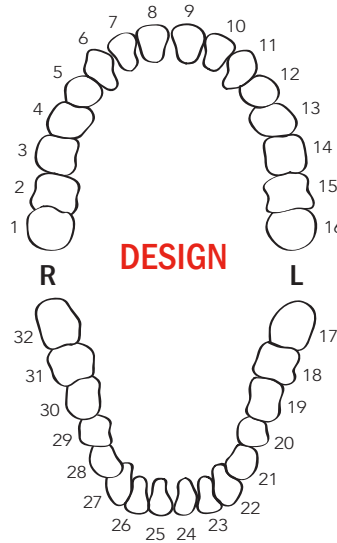
Non-Precious White  
 Non-Precious Yellow  
 Semi-Precious White Gold  
 Semi-Precious Yellow Gold  
 High Noble White Gold  
 High Noble Yellow Gold  
 Y+ 2% Gold

**Implant Abutments**

Stock  
 Custom Milled  
 Engaging  
 Non-Engaging  
 Screw Retained

Titanium  
 Zirconia w/Ti insert - Hybrid  
 Implant System

# Of Attachments \_\_\_\_\_ Diameter \_\_\_\_\_



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If an adjustment is needed:

Adjust opposing  
 Adjust abutment  
 Call the office

DOCTOR SIGNATURE (see reverse for warranty details)

License# \_\_\_\_\_

**REMOVABLE RESTORATIONS**

Check all that apply  Upper  Lower  Try-in(default)  Finish

Try-in required for cases with open end saddles or missing more than 6 teeth or warranty is void

**Extraction** Tooth # \_\_\_\_\_  Extract All  Extract Now  Extract After Try-In

**Teeth**  Stock (Included)  IPN Portrait\*  Gold Open Face\*  Full Gold\*

**Tooth Shade** ! REQUIRED !

**No Metal Options**

Acrylic Flipper(1 or 2 teeth)  
 Acrylic Partial(2ww clasp)  
 Full Denture Acrylic  
 Sunflex Unilateral  
 Sunflex Partial  
 Valplast Partial  
 SunClear Flexible Frame  
 Bite Rim  
 Custom Tray  
 Patient Name in Appliance  
 Lucitone 199 Material  
 Cusil Gasket

**Frame Design**

Horseshoe Palate  
 AP Open Palate  
 Full Palatal Metal  
 Palatal Strap  
 Metal Occlusion  
 Rests  
 Lingual Apron  
 Lingual Bar  
 Precision Attachments

**Clasp Type\***

Cast  Wire  
 Flexible  SunClear  
 (Can NOT combine SunClear clasps with SunFlex)

**Reinforcement\***

Wire Stainless  
 Mesh Stainless  
 Cast Meshwork  
 embedded

**Cast Partial**

Suncast Frame (Default)  Vitallium 2000+ Frame  Titanium Frame

Select Following Product REQUIRED !

Framework Only  Cast Acrylic (Default)  
 Sunflex Combo  Valplast Combo

**Tissue Shade**

Pink (Default)  Light Pink  
 Light Meharry  Dark Meharry  
 Medium Meharry

**Repair**

Reline  Basic Repair  
 Rebase  Soft Liner  
 Add Tooth # \_\_\_\_\_

**Attachments\***

ERA  VKS  Hader Bar  Other \_\_\_\_\_

**Ortho**

(Upper unless specified)

**Night Guard**  
 Soft  Hard  
 Soft/Hard 2mm  Band and Loop  
 Soft/Hard 3mm  Bilateral Space Maintainer  
 Bite Splint  Essix Retainer  
 Sport Guard  Hawley Retainer  
 Nance appliance  Bleaching Tray  
 Perio Guard  
 Surgical Stent

\*Additional Charge 08/23