

S.M.T Dental Labs.

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For Office Use ONLY

DOCTOR NAME: _____ TRY IN DATE: _____ FINISH DATE: _____

PATIENT NAME: _____ AGE: _____ SEX: Male/Female

Fixed Restorations

- Temporaries
- Diagnostic Wax Up
- Porcelain Fused to Metal
 - Base Alloy
 - Semi Precious
 - White Gold
 - Yellow Gold
 - Captek
- All Ceramic
 - I.P.S E-MAX
 - Feldspathic
 - Layered Zirconia
 - Solid Zirconia

- Full Cast
 - Y+(Yellow)
 - JWE(White)
 - 40% AU (White)
 - 50% AU (Yellow)
 - 60% AU (Yellow)
 - 77% AU (Yellow)

- Contact Instructions
 - Light or Tight Occlusal
 - Light or Tight Mesial
 - Light or Tight Distal

- Buccal Margin
 - No Metal to Show
 - Metal Collar _____ mm
 - Porcelain 180° Butt Joint
 - Porcelain 360° Butt Joint

- Lingual Margin
 - No Metal Collar
 - Metal Collar _____ mm

DESCRIPTION _____

SHADE: _____

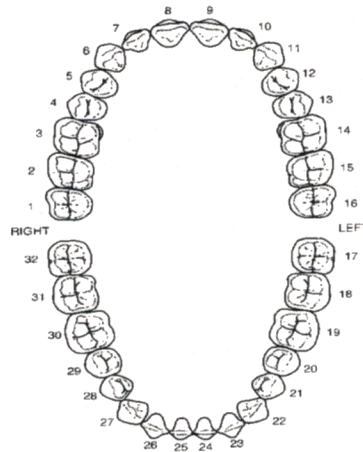


Prep Shade _____

OCCLUSAL STAIN:

- None Light Medium Dark

CIRCLE TEETH/DESIGN CASE:



If Insufficient Room :

- Reduce and Mark Please Call Reduction Coping

PONTIC DESIGN :



Removables

- Cast(Metal) Partials
 - Frame Only
 - Frame & Bite Block
 - Frame & Wax Setup w/ Teeth
 - Frame & Finish in 1 step
 - Finish Only
 - Flexible & Frame Combo
- Dentures
 - Custom Tray
 - Bite Block/Rim
 - Set-up Teeth(in Wax)
 - Finish Denture
 - Valplast Flexible Denture
- Guards & Bleaching
 - Soft Nightguard
 - Hard Nightguard
 - Bleaching Tray
 - H/S Nightguard
 - Acrylic Nightguard
- Repair (describe below) _____
- Reline _____
- Surgical Guide _____
- Space Maintainer _____

ENCLOSED

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Impression | Photos: |
| <input type="checkbox"/> Study Model | <input type="checkbox"/> None |
| <input type="checkbox"/> Opposing | <input type="checkbox"/> Prints |
| <input type="checkbox"/> Bite | <input type="checkbox"/> CD-ROM |
| <input type="checkbox"/> Articulator | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Partials | |
| <input type="checkbox"/> Implant Part: _____ | |
| <input type="checkbox"/> Other: _____ | |

Dentist _____ Signature _____

License # _____ Phone # _____ Alternate/cell # _____

Street Address _____ City _____ State _____ Zip _____

Standard turnaround for best prices Rush service for additional charge.
 (guaranteed 2 weeks from day of receipt) If rush service is required, specify date & time: _____

Terms: Net 25 Days, 2% interest per month(24% per year) will be charged on all overdue balances. I agree to pay reasonable attorney's fee and collection cost if this account is referred for collection