Modern Dental Service Laboratory, Inc.
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Mark N. Siegel, CDT

FOR LAB USE ONLY

Date rec _____

Case Number _____

	MON	TUE	WED	THU	FRI
MW					
WA					
CT					
FI					
POR					
B/S					
DR/D					
ALLOY		DWT			

Dr. _____

Address _____

City _____ State _____ Zip _____

Phone _____

Patient Name/ID# _____

Age _____ Sex: ◯ M ◯ F

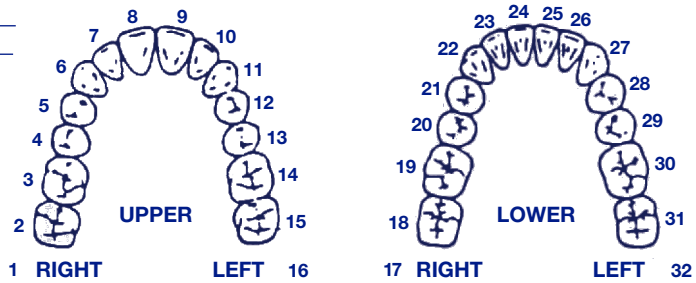
Personality: ◯ Vigorous ◯ Medium ◯ Delicate

RESTORATION DESIGN

PFM Design:
- Alloy:
  - ◯ High Noble
  - ◯ Noble
- Margin Design:
  - ◯ Collar
  - ◯ No Collar
  - ◯ Porcelain Butt

Implant Design:
- Implant Manufacture _____
- Implant Size _____

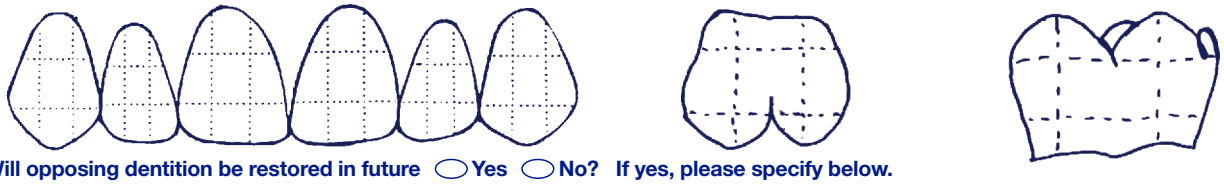
Patient Specific Custom Abutment:
- ◯ Gold
- ◯ Titanium
- ◯ Zirconia
- ◯ Hybrid Ti base w/Zirconia
- ◯ Prep Stock Abutment



All Ceramic Design:
- Zirconia:
  - ◯ PFZ Porcelain Fused to Zirconia coping/frame
  - ◯ Full Contour Zirconia Monolithic
- Lithium Disilicate e.max®:
  - ◯ Porcelain Fused to e.max Layered Porcelain on coping
  - ◯ Full Contour e.max Monolithic

Pontic Design:

AESTHETIC CONSIDERATIONS



Basic Shade _____

Will opposing dentition be restored in future ◯ Yes ◯ No? If yes, please specify below.

(Please enclose: Models of pre op & provisional, bit reg, face bow, slides/pictures and radiographs.)

Instructions: _____

Dr. Signature: _____ Lic. & State _____ Date: _____

Date to be returned: _____ **Has case been disinfected? ◯ Yes ◯ No**

15 working/business days in lab requested. This does not include holidays and weekends (pickup or delivery 2-3 days)

White - Lab copy *Yellow - Dentist Copy*