

REMOVABLE RESTORATIONS

Economical Tooth Shade 59 | 62 | 65 | 66 Classics
 67 | 69 | 77 | 81

Only available in these shades.

High Dense Quantity Tooth Shade Ivoclar
 Vita
 Mondial

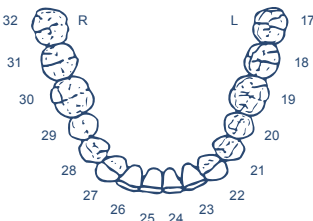
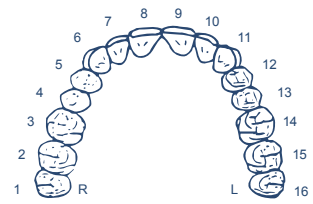
Conventional Acrylic Light (199)
 Injection Acrylic Medium
 Impression Trays
 Dark
 Impression Trays

Teeth Shape: _____
 Anterior: _____ Posterior: _____

CHECKLIST

Master Impression (Md) Opposing Cast Photo
 Master Cast (Mx) Centric Occlusal Record
 Design Cast Study Models

Design Case Here



Flipper (up to 2 teeth) 1 wd
 Temporary Partial Setup 3 wd
 Temporary Partial Process 3 wd
 Denture Setup 3 wd
 Denture Process 3 wd
 Valplast Setup 3 wd
 Valplast Process 3 wd
 Cusil Setup 3 wd
 Cusil Process 4 wd
 Night Guard 4 wd
 Talon Night Guard 4 wd
 Therm. Plastic Night Guard 4 wd
 Bleaching Splint 1 wd
 Ortho Appl 3 wd
 Study Model 7 wd

wd = working days

Base Plate 1 wd
 Digital Metal Partial 7 wd
 Set Up 3 wd
 Process 3 wd
 Process Valplast 4 wd
 Cusil 4 wd

wd = working days

SERETTI

DENTAL LABORATORY

1820 West 35th St.
 Austin, Texas 78703
 (512) 452-8989
 Fax: (512) 452-9071
 seretti.dentallab@gmail.com

INVOICE NUMBER

ALL RED AREAS REQUIRED

Doctor: _____ Clinic: _____

PLEASE PRINT! For on appliances No ID

Patient: _____

Phone: _____ Age: _____ Sex: M / F

Address: _____

Date: _____

(Do not schedule cases before 11:30am in Austin 12:30pm outside Austin. Thanks!)

Due Date: _____ Time: _____

****Cases with improper due date will be charged with a rush fee.**
 (Rush fees are \$26 per unit or arch per day)**

Please call if you have any scheduling questions.

RX Instructions

Same day service will need to be called in or emailed before 8:30am and ready to pick up no later than 8:45am. Case will be delivered by 4:30pm.

Has this case been disinfected? Yes No

Signature _____ Lic. No. _____

Cost of collection of any account will be paid by customer.

Need more lab slips

FIXED RESTORATIONS

Date out for trim

Date in after die trim

Alloys

Non-precious
 Semi-precious
 High Noble-precious

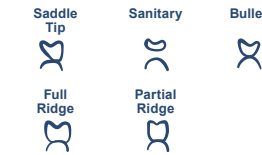
Type of restoration

Cast crown 8 wd
 Gold Silver
 Porcelain to metal 8 wd
 E. Max 11 wd
 Zirconia 11 wd
 Procera 11 wd
 Bruxzir zirconia 11 wd
 Veneer 11 wd
 Custom abutments 14 wd

Study Model Photos

Pontic Design

Ridge Relief: Scrape
 Socket None



Porcelain veneers

Please provide following info:

Change color
 Close spaces
 Correct malalignment
 Increase length
 _____ MM

Shade of pre-op teeth:

Shade desired:

Contact

Point Normal

Heavy & Broad



Metal Try In Bisque Try In Finish

Occlusal surface Metal Porcelain
Buccal margins Porc. Metal Band Porc. shoulder
Opposing teeth to be restored Yes No Relieved
Gingival embrasures Closed Normal Open

Shade Instructions

Occlusal staining None Light Medium Heavy
Surface texture Smooth Moderate Heavy
Surface gloss High Moderate Low

