

## REMOVABLE RESTORATIONS

Economical Tooth Shade	59	62	65	66	<input type="checkbox"/> Classics
	67	69	77	81	

Only available in these shades.

High Dense Quality Tooth Shade	<input type="checkbox"/> Ivoclar
	<input type="checkbox"/> Vita <input type="checkbox"/> Mondial

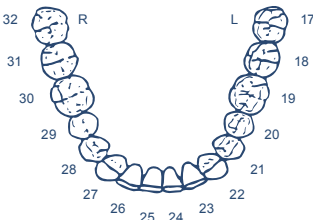
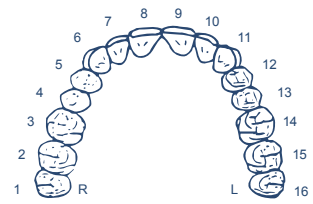
<input type="checkbox"/> Conventional Acrylic	<input type="checkbox"/> Light (199)
<input type="checkbox"/> Injection Acrylic	<input type="checkbox"/> Medium
	<input type="checkbox"/> Dark
	<input type="checkbox"/> Impression Trays

Teeth Shape: \_\_\_\_\_  
Anterior: \_\_\_\_\_ Posterior: \_\_\_\_\_

### CHECKLIST

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Master Impression (Md) | <input type="checkbox"/> Opposing Cast           | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Master Cast (Mx)       | <input type="checkbox"/> Centric Occlusal Record |                                |
| <input type="checkbox"/> Design Cast            | <input type="checkbox"/> Study Models            |                                |

### Design Case Here



- |                            |                               |
|----------------------------|-------------------------------|
| Flipper (up to 2 teeth)    | <input type="checkbox"/> 1 wd |
| Temporary Partial Setup    | <input type="checkbox"/> 4 wd |
| Temporary Partial Process  | <input type="checkbox"/> 4 wd |
| Denture Setup              | <input type="checkbox"/> 4 wd |
| Denture Process            | <input type="checkbox"/> 4 wd |
| Valplast Setup             | <input type="checkbox"/> 4 wd |
| Valplast Process           | <input type="checkbox"/> 4 wd |
| Cusil Setup                | <input type="checkbox"/> 3 wd |
| Cusil Process              | <input type="checkbox"/> 4 wd |
| Night Guard                | <input type="checkbox"/> 4 wd |
| Talon Night Guard          | <input type="checkbox"/> 4 wd |
| Therm. Plastic Night Guard | <input type="checkbox"/> 4 wd |
| Bleaching Splint           | <input type="checkbox"/> 1 wd |
| Ortho Appl                 | <input type="checkbox"/> 3 wd |
| Study Model                | <input type="checkbox"/> 7 wd |

wd = working days

- |                       |                               |
|-----------------------|-------------------------------|
| Base Plate            | <input type="checkbox"/> 1 wd |
| Digital Metal Partial | <input type="checkbox"/> 7 wd |
| Set Up                | <input type="checkbox"/> 3 wd |
| Process               | <input type="checkbox"/> 3 wd |
| Process Valplast      | <input type="checkbox"/> 4 wd |
| Cusil                 | <input type="checkbox"/> 4 wd |

wd = working days

# SERETTI

DENTAL LABORATORY

Visit us or schedule a pickup at: www.serettidentallab.com

1820 West 35<sup>th</sup> St.  
Austin, Texas 78703  
Ph: (512) 452-8989  
Fax: (512) 452-9071  
seretti.dental@yahoo.com

### INVOICE NUMBER

### ALL RED AREAS REQUIRED

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

**PLEASE PRINT!**  For ID's on appliances  No ID

Patient: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**(Do not schedule cases before 11:15am in Austin 12:15pm outside Austin. Thanks!)**

**Due Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

If delivery Dr. different from above   
Faster service available for \$26.00 per unit or arch.   
(Do not include day of pick up or delivery.)

**Cases with improper due date will be charged with a rush fee. Please call if you need help.**

### RX Instructions

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

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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 abutements  14 wd

Study Model  Photos

### Pontic Design

- Ridge Relief:  Scrape  
 Socket  None



### Contact

- Point  Normal  
 Heavy & Broad



### Porcelain veneers

Please provide following info:

- Change color  
 Close spaces  
 Correct malalignment  
 Increase length  
\_\_\_\_\_ MM

Shade of pre-op teeth:

Shade desired:

Metal Try In  Bisque Try In  Finish

- |                               |  |  |
|-------------------------------|--|--|
| Occlusal surface              | <input type="checkbox"/> Metal               | <input type="checkbox"/> Porcelain   |
|                               | <input type="checkbox"/> Buccal margins      | <input type="checkbox"/> Porc. <input type="checkbox"/> Metal Band <input type="checkbox"/> Porc. shoulder |
| Opposing teeth to be restored | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No <input type="checkbox"/> Relieved  |
|                               | <input type="checkbox"/> Gingival embrasures | <input type="checkbox"/> Closed <input type="checkbox"/> Normal <input type="checkbox"/> Open              |

### Shade Instructions

- |                   |  |                                 |                                   |                                |
|-------------------|--|---------------------------------|-----------------------------------|--------------------------------|
| Occlusal staining | <input type="checkbox"/> None            | <input type="checkbox"/> Light  | <input type="checkbox"/> Medium   | <input type="checkbox"/> Heavy |
|                   | <input type="checkbox"/> Surface texture | <input type="checkbox"/> Smooth | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|                   | <input type="checkbox"/> Surface gloss   | <input type="checkbox"/> High   | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low   |

