

ATTN: _____ ACCOUNT#: _____

Today's Date _____ Due Date* _____
 (See Laboratory Schedule)

DOCTOR INFORMATION

Name _____

Address _____

Phone _____ Email _____

PATIENT INFORMATION

Name _____

Apointment Date _____ Sex _____ Age _____

INVENTORY SENT WITH CASE

- Impression: Upper & Lower
- Articulator
- Photos:
- Bite
- Shade Tab
- Attached
- Other: _____
- Facebow
- Emailed to photos@becdendentalab.com

INSTRUCTIONS CALL ME BEFORE PROCEEDING WITH CASE

PLEASE SEND

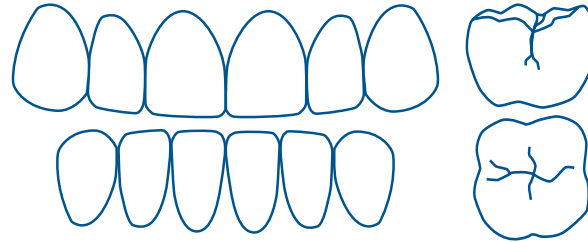
- Rx forms
- Bio Bags
- Airbills
- Boxes
- Shipping Bags

FOR LAB USE ONLY

Dentist's Signature (Required) _____ License # (Required) _____

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. By law, dentist's signature will authorize Becden Dental to construct, alter, or repair the restoration described on this requisition.

DESIGN & FORM



ALL-CERAMIC

- e.max®
- e.max® ZirCAD Multi
- P2Z (Porcelain to Zirconia)
- ZEUS™ Full Contour Zirconia
- ZEUS™ Ultra Zirconia (Microlayered)

SHADE _____ STUMP _____

TEETH NUMBERS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

MACSTUDIO

PORCELAIN-FUSED-TO-METAL

- High Noble Yellow (High Gold)
- High Noble White (Med. Gold)
- Semi-Precious (Zero Gold)
- Chrome Cobalt (Non-precious)
- Metal Try-In

METAL DESIGN

- Porcelain Butt Margin
- 360 Metal Band
- Lingual Band Only
- Metal Lingual
- Metal Occlusal

NIGHTGUARDS

- Upper
- Lower
- Soft (Pressure Formed)
- Hard/Soft (Pressure Formed)
- Hard (Heat Cured)

FULL METAL

- 52% Yellow Gold
- 2% Yellow Gold

REMOVABLES

- Custom Tray
- Bite Rim
- Set Teeth In Wax
- Finish
- Flexible Partial Frame
- Chrome Partial Framework

DIAGNOSTIC WAX-UP PREP

- Matrix for Temps
- Prep Guide
- Before Prep Bite Matrix
- Custom Temporaries

PONTIC DESIGN

- Full Ridge Lap
- Modified Ridge Lap
- Ovate/Conical _____ mm

LENGTH OF CENTRALS

_____ mm
 (from Cervical Margin)

OCCUSAL STAIN**

- None
- Light
- Medium
- Dark

IMPLANTS

- Implant Brand _____
- Tooth# _____
- Platform Size _____
- Cementable
- Screw-Retained
- Custom Abutment
- Stock Abutment
 - Titanium
 - Zirconia
 - Brand Specific
 - Generic

WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE?

- Yes No
- Articulator specify: _____
- Design crown for future partial

CONTACTS

- Passive Light Tight

INCISAL TRANSLUCENCY**

- Minimum 0.5mm
- Moderate 1.0mm
- Maximum 1.5mm

LABORATORY SCHEDULE

	1-5 Units	6+ Units		1-5 Units	6+ Units
e.max®	10 Days	14 Days	Temporaries	10 Days	12 Days
Wax-Up	10 Days	12 Days	Orthosis	10 Days	12 Days
Zirconia	10 Days	12 Days	Implants	20 Days	20 Days
Porcelain To Metal	12 Days	14 Days	Removables	Call for Schedule	
Combo Cases	Call for Schedule				

* FOR DELIVERY BY 5PM. If no due date is assigned, a standard Becden due date will be applied.
 ** If nothing is chosen, the lab will proceed with default stain & translucency as indicated.

