SmartLab
YOUR DENTAL LAB PARTNER

smartlabinc.com

220 Willow Crossing Road
Greensburg, PA 15601
Toll Free: 1-866-446-7749
T: 724-216-5278 • F: 724-205-6454
Email: info@smartlabinc.com

Doctor _____
Address _____
City _____ State _____ Zip _____
Phone _____
Patient _____

Case # _____
Rcv'd Date _____
Due Date _____

Age _____ Sex ☐ M ☐ F

FIXED RESTORATIONS (Please ☑)

☐ Domestic ☐ International

Porcelain To Metal

- ☐ PFM - Non Precious
- ☐ PFM - Nickel Free NP
- ☐ PFM - Noble Semi Prec.
- ☐ PFM - High Noble White
- ☐ PFM - High Noble Gold

Metal Free All Ceramic

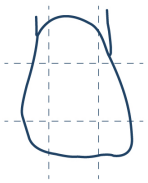
- ☐ Full Contour Zirconia
- ☐ Anterior Zirconia
- ☐ Porc. Layered to Zirconia
- ☐ E.Max

Full Cast

- ☐ Non-Precious
- ☐ Semi-Precious White
- ☐ Semi-Precious Yellow
- ☐ High Noble Yellow

Shade

Shade _____



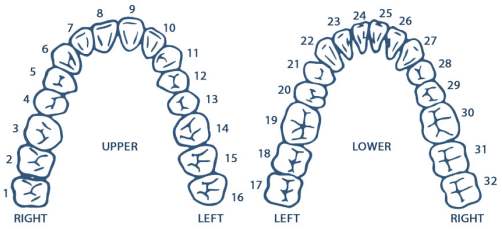
Stump Shade _____

Office Use Only

- ☐ Pour _____
- ☐ Ditch _____
- ☐ Wax _____
- ☐ Fit _____
- ☐ Opaque _____
- ☐ Bake _____
- ☐ Contour _____
- ☐ QC _____
- ☐ Set-up _____
- ☐ Finish _____

Metal Design

- ☐ No Collar
- ☐ Lingual Collar _____ mm
- ☐ Full Metal Band _____ mm
- ☐ Metal Occl. Excluding Buccal Cusp.
- ☐ Metal Occl. Including Buccal Cusp.
- ☐ Metal Lingual
- ☐ Porcelain Butt Margin (Shoulder Prep Required)



Pontic Design

UPPER: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

LOWER: 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

REMOVABLE RESTORATIONS (Please ☑)

Dentures

- ☐ Custom Tray
- ☐ Base Plate/Wax Rim
- ☐ Combo Tray w/ Wax Rim
- ☐ Economy Denture
- ☐ Deluxe Denture
- ☐ Premium Denture
- ☐ Transitional Denture
- ☐ Immediate Denture
- ☐ Denture Set-Up
- ☐ Denture Finish

Metal Partials

- ☐ Partial Framework
- ☐ Frame Try-In
- ☐ Bite Block
- ☐ Wax Try-In with Teeth
- ☐ Finish

Specialty Partials

- ☐ Acrylic Partial Flipper
- ☐ Acrylic Partial w/ Clasp
- ☐ Unilateral (NESBIT)
- ☐ Metal / Acrylic

Flexible Partials

- ☐ Valplast™
- ☐ FRS™
- ☐ Set-Up
- ☐ Finish

Shade

Acrylic
- ☐ Deluxe
- ☐ Economy
- ☐ Dark

Flexible
- ☐ Pink
- ☐ Meharry

Repairs / Relines

Relines
- ☐ Hard
- ☐ Soft

Repairs
- ☐ Tooth
- ☐ Fractures
- ☐ Clasp

Office Use Only

Scan _____ Mill _____
Scanner _____ Material _____
Design _____ Shade _____
QC _____

℞ Specific Instructions:

Please send:
☐ RX Forms ☐ Mailing Boxes Other _____

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____ Sent Date _____
License Number _____ State _____