

6865A W. Charleston Blvd Las Vegas, NV 89117 DesertStarDentalLab.com (725) 205-1231

## Aesthetic Fixed & Implant Restorations Rx

Rx DATE	DUE DATE
FOR DELIVERY BY 5 PM. If no due date is assi	gned, our standard turnaround time will be applied.
	CASE INSTRUCTIONS
DR. NAME	CALL DR BEFORE PROCEEDING
DR. ADDRESS	. □RUSH
DR. PHONE	-
DR. EMAIL	-
SIGNATURE OF DENTIST Required	
DENTIST LICENSE # Required	
PATIENT NAME Please Print	
☐ Male ☐ Female AGE	
By law, signature of dentist will authorize Desert Star Dental Lab to perform the work described on this requisition. Signer accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. Term: Net 30 days. Past due accounts will incur a 2% service charge.	
WHITE: LAB COPY / YELLOW: DOCTOR C	OPY Send additional lab slips
(725) 205-1231 D	DesertStarDentalLab.com
Pestorative dental arts through advan	ced technology and superior craftsmanshin

**MATERIALS DESIGN** ☐ Aesthetic Zirconia **TEETH NUMBERS** (Please circle all units) Multilayer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 ☐ High-Translucency 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 P2Z Lithium Disilicate (e.max®) SHADE \_ Layered □PMMA (Milled Temps) STUMP Multilayer **CROWN FORM** Discuss with us how our high-strength ☐ Follow Study Model ☐ Match Existing ☐ Make Ideal aesthetic zirconia surpasses **LENGTH OF CENTRALS** conventional PFM restorations. From Cervical Margin of #8 \_\_\_\_\_mm **IMPLANTS** MIDLINE SHIFT Right \_\_\_\_\_mm Left \_\_\_\_mm OVERBITE mm OVERJET mm Implant Brand \_\_\_\_\_ System \_\_\_\_ **ANTERIOR CHARACTERIZATION** Platform Size \_\_\_\_ Incisal Translucency Low ☐ Medium ☐ High Translucency Volume ☐ Low ☐Medium □High RETENTION ☐Medium Lobing Light □Heavy ☐ Screw Retained ☐Smooth ☐Medium □Heavy Texture Zirconia Crown ☐ Zirconia Bridge POSTERIOR OCCLUSAL CHARACTERIZATION Cement Retained Ochre Stain Color ☐Yellow Brown **ABUTMENTS** ☐ Pit Stain Stain Placement ☐ No Stain ☐ Custom Titanium ☐ Pit & Fissure ☐ Pit, Fissure, & Groove Stain ☐ Gold Anodized Hypo-Calcification Medium □Heavy ☐ Custom Hybrid Zirconia **PONTIC DESIGN** ☐ Angled Screw Channel □ □ Full Ridge Lap □ ⋈ Modified Ridge Lap **EMERGENCE PROFILE** \_\_mm  $\square^{\circ}$  Sanitary/Hygienic □ □ Ovate/Conical\_\_ Follow Tissue (No Impingement) **TISSUE RELIEF** ☐ PINK PORCELAIN Contoured (Light Impingement) ☐ Light ☐ Heavy Tissue Shade \_\_\_\_\_ Anatomical (Heavy Impingement) FOR INADEQUATE CLEARANCE SURGICAL GUIDES ☐ Reduce Opposing ☐ Reduction Coping ☐ Call Doctor TOOTH BORNE PRINTED PREFERRED OCCLUSAL CLEARANCE Tooth #(s)\_ □Out □Light □Medium □Tight □Ideal (Circle Extractions) **INTERPROXIMAL CONTACTS** Please Provide: Liaht □Normal □Heavy □Broad 1. Doctor case planning file **ASSETS PROVIDED BY DOCTOR** 2. Original CBCT multi-file DICOM 3. Intraoral scan OR model/impression **PHOTOS IMPRESSIONS** ☐ Full Face ☐ Profile ☐ Intraoral ☐ Upper ☐ Lower ☐ Bite **OTHER** PHOTOS/IMPRESSIONS DELIVERY METHOD ☐ Diagnostic Waxup ☐ Attached/Enclosed ☐ On Flash Drive ☐ Seating Tray ☐ Emailed to Images@DesertStarDentalLab.com ☐ Printed Night Guard NOTE: ☐Clear Aligners