Capstone Dental Lab

Capstone Dental Lab LLC
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www.CapstoneDentalLab.com

DR._____

STREET_____ SUITE_____

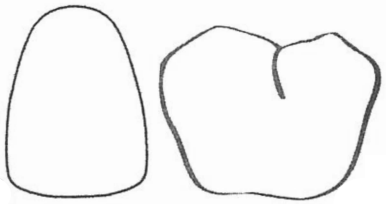
CITY_____ STATE_____ ZIP_____

PHONE ( )_____ EMAIL_____

PATIENT NAME _____ AGE_____ ○ M ○ F

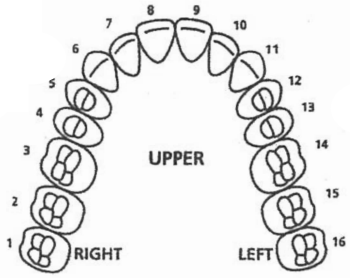
NEED DELIVERED BY 5 PM ____/_____ PLEASE SEND ○BOXES ○PRESCRIPTIONS ○LABELS

All Ceramics	**cubeONE** ○ Full Contour ○Layered (PFZ) **cubeONE** ○ ML **cube^{X2}** ○ Full Contour ○Layered (PFZ) **BioZ^{x2}** ○ Full Contour ○Layered (PFZ) **BruxZir** ○ Full Coutour	**IPS e.max** ○ Full Contour ○ Layered ○ Layered
Inlay-Onlay	○ Bioz^{x2}—Inlay/Onlay ○ Emax - Inlay/Onlay ○ Metal - Inlay/Onlay	
Porcelain to Metal Restorations	○ Base (Non-Precious) (Nickel-Beryllium Free) ○ Noble (White Semi-Precious)	○ High Noble (White Gold) ○ High Noble (Yellow Gold)
	○ Porcelain Labial Margin ○ Metal Occlusal	
All Metal Restorations	○ High Noble Yellow (75%) ○ High Noble Yellow (60%) ○ High Noble White ○ Base (Nickel-Beryllium Free)	○ Noble SP-Y Yellow ○ Noble Yellow ○ Noble White
Full Dentures	○ Premium Full Denture ○ Classic (Value) Full Denture	○ Bite Rim ○ Custom Tray ○ Setup/Try-In
	○ Process and Finish ○ Reline ○ Repair	
Partial Dentures	**Chrome Cobalt (Metal)** ○ Conventional Frame ○ Equipoise Frame	**Flexible (Metal-Free)** ○ Valplast ○ DuraFlex ○ Combination w/Metal Frame
Appliances	○ Essix Retainer	
Fixed & Removable Implant	**Final Abutment Design** ○ Cement Crow w/Abutment ○ Screwmentable Two Piece ○ Screw-Retained One Piece Authentic Parts? Yes○ No ○	**Fixed Implant Restoration** ○ cubeONE ○ CubeX^2 ○ BioZ^{x2} ○ IPS e.max
	○ Noble PFM ○ Layered PFZ ○ Monolithic	



Send photos via email:
PHOTOS@capstonedentallab.com

TOOTH NUMBERS (please circle)



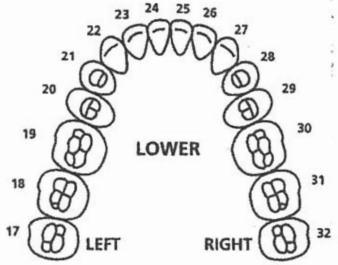
SHADE:_____ **PREP SHADE:**_____ ○ **TAB ENCLOSED**

MOULD:_____

OCCLUSAL STAINING ○ NONE ○ LIGHT ○ MEDIUM ○ HEAVY

OCCLUSION ○ LIGHT ○ IN ○ OUT

PONTIC DESIGN (please circle)



POSTERIOR DESIGN

○ FULL COVERAGE - NO LINGUAL COLLAR

○ FULL COVERAGE - SMALL LINGUAL COLLAR

○ METAL OCCLUSAL - EXCLUDING BUCCAL CUSP

○ FULL METAL OCCLUSAL - W/BUCCAL CUSP

IF THERE IS INSUFFICIENT ROOM

○ REDUCE AND MARK PREP ○ FABRICATE REDUCTION COPING
○ REDUCE AND MARK OPPOSING ○ PLACE METAL ISLAND ○ CALL ME

ENCLOSURES

○ IMPRESSION ○ PRE-OP STUDY MODEL ○ TEMPS MODEL
○ BITE REGISTRATION ○ PHOTO ○ SHADE DIAGRAM

SELECT RESTORATION TYPE ○ CROWN ○ SPLINTED CROWN ○ BRIDGE ○ FULL ARCH BRIDGE ○ VENEER ○ INLAY/ONLAY
SELECT PROCEDURE ○ DESIGN/ESTIMATE ○ CUSTOM SHADE: ___ IN-LAB ___ PHOTO ○ DIE-TRIM ○ BISQUE ○ COMPLETE

○ **PLEASE CALL ME**

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SIGNATURE OF DENTIST _____ DENTIST LICENSE # _____ DATE ____/____/____