DTek DENTAL LAB

UNIVERSAL RX

Laboratory Procedure Authorization | Dr. Signature Required

832-290-7080 (HOUSTON)
972-280-7070 (DALLAS)

DOCTOR INFOR

DR. NAME:

GROUP / PRACTICE NAME:

Phone: Email:

PATIENT INFOR

Frist Name: ☐ Female

Last Name: ☐ Male Age:

Due Date: Date sent:

CROWN & BRIDGE

ALL CERAMIC

- ☐ Full Contour Zirconia
- ☐ Hight Translucent Zirconia
- ☐ Layered Zirconia
- ☐ Full e.Max
- ☐ Veneers

PORCELAIN TO METAL

- ☐ Base/Non-Precious
- ☐ Noble/Semi-Precious
- ☐ High Noble/Precious (White)
- ☐ High Noble/Precious (Yellow)

FULL CAST

- ☐ High Noble/Precious (Yellow)
- ☐ Noble/Semi (Yellow Tint)
- ☐ Base/Non-Precious

IMPLANTS

Implant System _____

Implant Diameter _____

☐ Custom Titanium Abutment ☐ Screw Retained SRC ☐ Cementable

SPECIAL INSTRUCTIONS

- ☐ Separate Crown
- ☐ Bridge – Bite Reqd
- ☐ Tooth Number(s)

FINAL SHADE

_____

STUMP SHADE

Must for all ceramic

_____

IF NO OCCLUSAL CLEARANCE:

- ☐ Call Doctor ☐ Adjust Prep
- ☐ Adjust opposing ☐ Metal Stop/Occlusion

APPLIANCES

☐ Upper ☐ Lower

- ☐ Soft Night Guard
- ☐ Hard Night Guard
- ☐ Hard/Soft Night Guard
- ☐ Essix Retainer
- ☐ Hawley Retainer
- ☐ Space Maintainer

DENTURE/PARTIAL

☐ Try-in ☐ Finish ☐ Immediate ☐ Upper ☐ Lower

TYPE OF TEETH

- ☐ Economy
- ☐ Standard
- ☐ Premium

TYPE OF PARTIAL

- ☐ Cast Metal Framework
- ☐ Flexible
- ☐ Acrylic

CHECK ON THAT APPLY

- ☐ Design
- ☐ Set teeth
- ☐ Bite block
- ☐ Frame
- ☐ Other

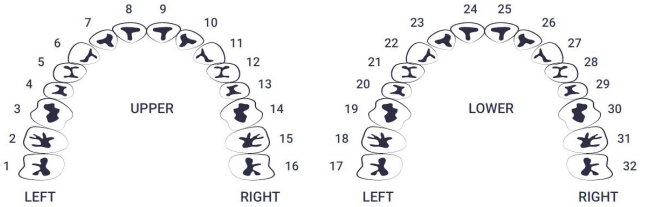
OTHER/SPECIFY BRAND

_____

TYPE OF CLASP FOR ACRYLIC

_____

DENTURE/PARTIAL DESIGN



_____ _____

Dr. Signature **Dr. License**

ENCLOSED WITH CASE

- _____ MODEL
- _____ SHADE TAB
- _____ BITE
- _____ IMPRESSION
- _____ PHOTO
- _____ TEETH
- _____ ARTICULATOR

OTHER _____

OCCLUSAL CONTACT

No ☐ Light ☐ Heavy ☐

PONTIC DESIGN

☐ ☐ ☐ ☐ ☐

REQUEST SUPPLIES

- _____ RX
- _____ BOX
- _____ LABEL

OTHER _____