

# Nathalie Dental Lab

RX Number

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## Dental Design Implant Technology



Zimmer • Straumann • Astra Tech • Bio Horizons • Mega'Gen • Biomet 3i • Nobel Biocare

Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make sure that the due date is 1-2 days before Pt's appointment date.

Preparation Date: \_\_\_/\_\_\_/\_\_\_ Delivery Date: \_\_\_/\_\_\_/\_\_\_

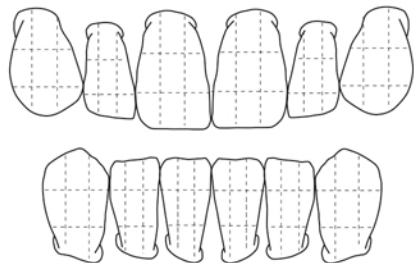
Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>All Ceramic</b> <input type="checkbox"/> e.max Crown <input type="checkbox"/> e.max Veneer <input type="checkbox"/> e.max layered <input type="checkbox"/> Ceramic Post <input type="checkbox"/> Inlay / Onlay	<b>All Zirconia</b> <input type="checkbox"/> BruxZir <input type="checkbox"/> Lava <input type="checkbox"/> HT Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> Inlay / Onlay	<b>All PFM</b> <input type="checkbox"/> NP Tiltite Alloy <input type="checkbox"/> SP Semi-precios <input type="checkbox"/> HN White <input type="checkbox"/> HN Yellow <input type="checkbox"/> Captek	<b>Implant Crown</b> <input type="checkbox"/> Ceramic <input type="checkbox"/> Captek <input type="checkbox"/> PFM <input type="checkbox"/> Zirconia	<b>Abutment &amp; Bar</b> <input type="checkbox"/> Titanium Abutment <input type="checkbox"/> Zirconia Abutment <input type="checkbox"/> Hybrid Abutment <input type="checkbox"/> Hader Bar	
<b>Occl Contact</b> <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	<b>Contact</b> <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	<b>Porcelain Margin</b> <input type="checkbox"/> Buccal Margin	<b>Metal Margin</b> <input type="checkbox"/> 360 Margin	<input type="checkbox"/> Placemat Jig <input type="checkbox"/> Screw Retain <input type="checkbox"/> Cement Retain	<input type="checkbox"/> Surgical Guide <input type="checkbox"/> Pink Gingival Porcelain <input type="checkbox"/> Follow Tissue Contour



Shade# \_\_\_\_\_

Layered Crown  Solid Crown  
 Framework Try-in



Rx

Rx

*please print legibly so we can understand your case better.*

**Crown Design** **Pontic Design**

Dr. Signature: \_\_\_\_\_ DDS License# \_\_\_\_\_

Signature is acceptant of sole responsibility for payment and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees. San Diego Dental Design. requires that each case be accompanied by a lab slip - this is considered a binding work order and is subject to all stated terms and conditions.