

Doctor: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Doctor Requested Due Date: \_\_\_\_\_

delivery will be by 5:00pm

Instructions: \_\_\_\_\_

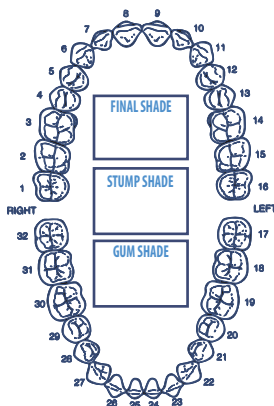


powered by cornerstone bio-comp enterprises

call or text 215.293.9760

www.thedentallab.net

100 Wood St. Bristol, PA 19007



#### Enclosed with case:

- ☐ impressions      ☐ models
- ☐ bite registration      ☐ parts
- ☐ REMAKE/ORIGINAL work enclosed

☐ CALL ME before starting the case

☐ EMAIL ME if there is a problem on the case

☐ **PHOTOS** - email to photos@thedentallab.net

☐ **DIGITAL FILES** - email to digital@thedentallab.net

### THE DENTAL LAB FAVORITES



☐ aesthetic zirconia



☐ milled all porcelain



☐ digital flexible denture  
(straight to finish)

#### Please specify

- ☐ return for ditch
- ☐ metal try in
- ☐ bisque bake
- ☐ finish
- ☐ diagnostic wax up

**Implants** choose material type

- ☐ screw-retained
- ☐ cementable

#### Abutments

- ☐ titanium
- ☐ zirconia
- ☐ gold hue
- ☐ authentic upgrade

#### Crown & Bridge

- ☐ base
- ☐ noble
- ☐ high noble white
- ☐ high noble yellow
- ☐ full cast - base, noble, hnw, hny
- ☐ veneer
- ☐ full contour zirconia
- ☐ layered zirconia

#### Singles / Bridge

- ☐ singles
- ☐ splinted

#### Dentures Step 1:

- ☐ custom tray      ☐ bite rim

#### Dentures Step 2:

- ☐ cast partial framework
- ☐ wax setup try-in (partial or full)  
circle one

#### Dentures Step 3:

- ☐ acrylic full denture finish
- ☐ acrylic partial denture finish
- ☐ valplast partial denture finish
- ☐ snowrock partial denture finish

### DENTIST SIGNATURE REQUIRED

**X**

Date: \_\_\_\_\_

Person signing this work form accepts sole responsibility/and business is responsible for payment, agrees to pay all legal and collection fees, even in event of lawsuit.

All account(s) payments are due by date indicated on monthly statement.

Any account not paid within stated terms will be subject to COD account status and a 1.5% NON-REFUNDABLE late charge per month.