

Rx

METAL TRY-IN
BISQUE TRY-IN
FINISH

Dr. \_\_\_\_\_ Date \_\_\_\_\_

Pt. \_\_\_\_\_ Age \_\_\_\_\_  M  F

Tooth #'s \_\_\_\_\_

**Diagnostic Wax-Up**

- Basic (reg. model work)       Presentation (white models, trans. wax)

**Metal Free**

- Bruxir       Zirconia       E-max  
 Leucite       Other \_\_\_\_\_

**Porcelain-To-Metal**

**Metal Design** (select from reverse side)

- Semi-Precious       White Precious  
 Yellow Gold Precious       Non-Precious  
 Full Coverage       Metal Occlusal  
 Metal Margin       Porcelain Butt Margin

**Full-Cast Gold**

- Low Gold       Regular Gold       High Gold (60 Plus)

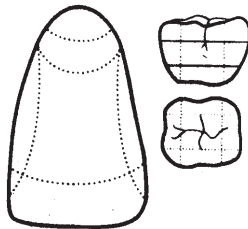
**Pontic Design**



Shade \_\_\_\_\_

Prep Shade \_\_\_\_\_

- Posterior Occl. Stain  
Color \_\_\_\_\_  
Placement \_\_\_\_\_



**Characterization**

- |                        |                                    |   |                                     |
|------------------------|------------------------------------|---|-------------------------------------|
| Surface Texture* ..... | <input type="checkbox"/> smooth    | <input type="checkbox"/> medium         | <input type="checkbox"/> heavy      |
| Lobing .....           | <input type="checkbox"/> light     | <input type="checkbox"/> medium         | <input type="checkbox"/> heavy      |
| Surface Finish.....    | <input type="checkbox"/> low gloss | <input type="checkbox"/> polished gloss | <input type="checkbox"/> high glaze |

**Cosmetic Goals**

- Improve Shade       Move Midline  
 Improve Shape       Close Diastema  
 Alignment       Lengthening  
 Other \_\_\_\_\_

**Implants**

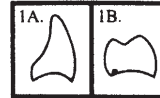
- We need...**
- |                     |             |                          |                          |                          |                          |
|---------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1) Surgeon's Report | 3) Analog   | <input type="checkbox"/> | Dr. provided             | <input type="checkbox"/> | Lab order                |
| 2) Impression Post  | 4) Abutment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- (transfer coping) Type \_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

more on back

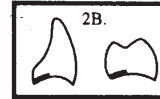
**METAL DESIGN**



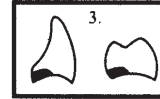
- 1A. Full porcel coverage, No metal 360  
1B. Full porcel coverage, Distal metal tab



2A. 360 Metal collar



2B. Metal collar, lingual only



3. Broad metal lingual collar



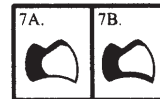
4. Broad metal lingual, buccal collar



- 5A. Metal lingual anterior  
5B. Metal lingual anterior, buccal collar



- 6A. Metal occlusal  
6B. Metal occlusal with buccal collar



- 7A. Metal occlusal, metal hood incisal  
7B. Metal occlusal, metal hood incisal and buccal collar

Additional Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAB USE ONLY**

Unbagged By \_\_\_\_\_

**Incoming Checklists:**

- Impression  
 Opposing  
 Triple Tray  
 Bite  
 Bite (with stick)  
 Pictures  
 Study Models  
 Extra Die  
 Old Models  
 Old Crown  
 Face Bow  
 Mounting Plates  
 Articulator \_\_\_\_\_  
 Digital Media  
 Implant Parts      Type \_\_\_\_\_  
 Impression Post \_\_\_\_\_  
 Analog \_\_\_\_\_  
 Abutment \_\_\_\_\_  
 Other \_\_\_\_\_

Dr's Sig. \_\_\_\_\_ Lic. # \_\_\_\_\_

## Terms and Conditions

This prescription evidences a contract for the sale and delivery of the specially manufactured goods mentioned herein, and subject to the following terms and conditions:

1. Client agrees to pay in full after receipt of goods, plus any late payment penalty, plus all costs of collection including attorney fees if any.
2. Payment due in full after receipt of goods. An additional 2% penalty is added per month to any unpaid balance.
3. Each order of work authorization filled or appliance made constitutes a complete and separate transaction to be billed and collected as such. Acceptance of new orders by **BLUE NILE DENTAL LAB** shall not represent any accord and satisfaction and shall not relieve customer of any indebtedness to **BLUE NILE DENTAL LAB**.
4. **BLUE NILE DENTAL LAB** may from time to time require a deposit or ship goods C.O.D.
5. **BLUE NILE DENTAL LAB** warrants our restorations against flaws in the workmanship, fit and materials. We will remake, repair or make adjustments for a period of up to three years after date of delivery. For remakes we do require the original restoration with model work to be returned.
6. Any defect in returned goods must be particularized and **BLUE NILE DENTAL LAB** retains the right to effect cure of the defect.
7. This transaction shall be governing by the law of Ohio, Acceptance of the goods constitutes acceptance of all terms and conditions herein. This writing evidences the complete and final expression of the agreement.

As an added convenience to you, we accept VISA or MASTERCARD for payment of your bill.



### EMERGENCY CASES

We are in business to assist you.

When emergencies arise, please notify us by calling **330-837-7830** or **1-877-577-7830**

We will make arrangements to expedite your work whenever possible.

### CONSULTATIONS

For a FREE consultation call **1-877-577-7830**  
or email: **shaun@blueniledental.com**