



office/location \_\_\_\_\_ rx date \_\_\_\_\_  
month / day

doctor name \_\_\_\_\_ return date \_\_\_\_\_ \* Cases are delivered by 5PM  
month / day

patient name \_\_\_\_\_ dob \_\_\_\_\_ gender  m  f

# watson

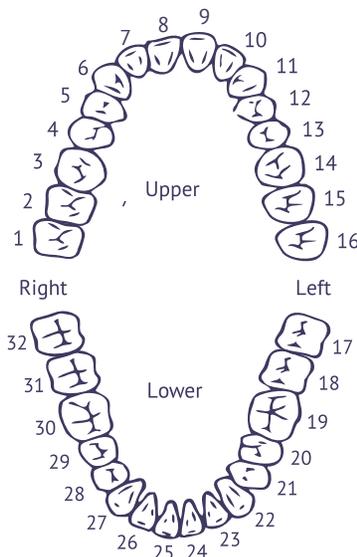
DENTAL LABORATORY

131 W Austin Ave, Hutto, TX 78634 phone  
512-440-7181 | fax 512-440-7178

www.watsondentallab.com

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### SPECIFIC INSTRUCTIONS



### SHADE INSTRUCTIONS

shade \_\_\_\_\_ stump shade \_\_\_\_\_

custom shade  occlusal staining

*Custom stain or shade - Call for Appointment*

### FULL CAST

- non-precious
- noble
- high noble

### PFM

- non-precious
- noble
- high noble

### ENCLOSED WITH CASE

### ALL CERAMIC

- full contour zirconia
- anterior zirconia
- layered zirconia
- EMAX
- pmma temporary

### METAL DESIGN

- lingual metal collar  metal collar
- porcelain shoulder  metal occlusal
- facial porc. shoulder  metal lingual
- show no metal

### PREFERENCES

#### INTERPROXIMAL CONTACT

- light
- medium
- heavy

#### PONTIC DESIGN

- modified ridge lap
- ovate
- ridge lap

#### OCCUSAL CONTACT

- light
- open
- tight

#### IF NO OCCUSAL CLEARANCE

- metal occlusion  metal island
- reduction coping  adjust prep and mark
- reduce opposing \_\_\_\_\_ mm max  contact for discussion

### CUSTOM IMPLANT ABUTMENTS

- screw retained  titanium implant brand \_\_\_\_\_
- cemented  zirconia platform size \_\_\_\_\_  seating jig
- gold hue

### FIXED & REMOVABLE DENTURES

Arch  upper  lower

- economy denture  immediate denture  cast partial denture  try-In
- premium denture  acrylic partial denture (wire clasps)  flexible partial  finish
- locator retained  bar retained (ti bar)  screw retained hybrid (ti bar)  conus

implant brand \_\_\_\_\_ platform size \_\_\_\_\_

SHADE  tooth shade \_\_\_\_\_  tissue shade \_\_\_\_\_

### REMOVABLE MISC

- hard night guard  custom impression tray  flipper partial(NO CLASPS 1-2 Teeth)
- soft night guard  surgical stent  rebase
- hard/soft night guard  essix retainer  reline
- thermoplastic night guard  bleaching tray  clear clasp # \_\_\_\_\_

doctor license# \_\_\_\_\_ doctor signature \_\_\_\_\_

All accounts are due by the 15th of the month following invoice date and are subject to a late charge of 2.0% if not paid by end of the month. Balances that become 60 days past due will be placed on COD status. Delinquent accounts will be responsible for any collections and legal fees accrued. Your signature indicates personal guarantee of our terms and our warranty and remake policies.