

ORALIMAGE

Dental Studio, Inc.

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Dr. _____
Address _____
State _____ Zip _____ Drs Phone _____

Finish Date _____
by 5:00 PM

Unwritten due dates will be delivered in 10 business days

Patient Name _____ Age _____ Sex: M F

(Construct and deliver to the undersigned only, the herein described dental Restoration)

Shade Instructions

Stump Shade _____ Tooth# _____



Occlusal Splints & Nightguards Call Me to Discuss

- Comfort H/S Soft
- Hard Upper/Lower

- sending images to:
oralimagelab@gmail.com

Metal Type

- Porc. Fused to Captex
- Porc. Fused to Yellow Gold
- Porc. Fused to White Gold
- Porc. Fused to Noble
- Porc. Fused to Base Metal (Nickel Free)
- 360oPorc. Butt Margin
- Facial Porc. Butt Margin
- No Metal Collar
- Lingual Metal Collar
- 360oMetal Collar

If Not Enough Occlusal Clearance:

- Metal/Zirconia Occlusion
- Reduction Coping
- Reduce Opposing *mark

Metal Free Type

- Hand-layered Porc. to Zirconia
- IPS E max® Lithium Disilicate Monolithic Layered
- Origin® Full Contour Zirconia
- IPS ZirCad Multi Shade Full Zirconia

Please Send

- Rx's
- Bags / Boxes

Implants

- Cad/Cam Titanium Abutment
- Cad/Cam Zirconium Abutment
- Use In-House Parts
- Use Genuine Parts
- Encode Abutment
- Cement-retained
- Screw-retained

_____ Dentist License Number

_____ Date

Personal Signature of Dentist / In Compliance with Illinois Dental Practice Act.