



www.gpsdental.com

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Date Sent: _____ From: _____ DDS DMD LAB

Street: _____

City/State/Zip: _____

Telephone: _____

Patient: _____ Patient ID #: _____ Case Type: _____
Last First



Try in date: _____ Finish date: _____ Shade: _____ Dentin Shade: _____

FIXED PROSTHETICS

TYPE OF RESTORATION

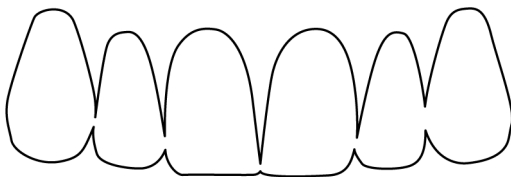
- | | |
|--|--|
| <input type="radio"/> Diagnostic Wax-Up | <input type="radio"/> Noble |
| <input type="radio"/> Captek™ | <input type="radio"/> Base |
| <input type="radio"/> Cercon™ Zirconia | <input type="radio"/> Cristobal + |
| <input type="radio"/> Nobel Biocare - Procera® | <input type="radio"/> Temporaries |
| <input type="radio"/> IPS e.max® | <input type="radio"/> Attachments/Implants |
| <input type="radio"/> PFM | <input type="radio"/> Other _____ |
| <input type="radio"/> Full Cast | _____ |
| <input type="radio"/> High Noble | _____ |

OCCLUSAL CLEARANCE

- In Occlusion
- Out of Occlusion
- Foil Relief

ANATOMY DESIRED

- Follow Study Model
- Match Existing
- Make Ideal



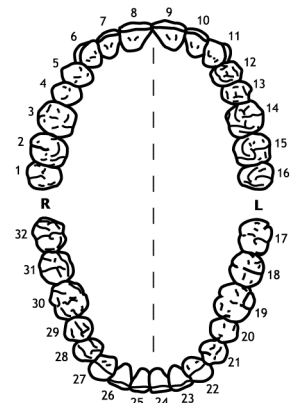
REMOVABLE PROSTHETICS

TYPE OF RESTORATION

- | | |
|--------------------------------|--------------------------------|
| <input type="radio"/> Upper | <input type="radio"/> Lower |
| <input type="radio"/> Superior | <input type="radio"/> Economy |
| <input type="radio"/> L. Pink | <input type="radio"/> Original |
| <input type="radio"/> 50/50 | <input type="radio"/> Dark |

PARTIAL DENTURE

- | | |
|---|--------------------------------|
| <input type="radio"/> Upper | <input type="radio"/> Lower |
| <input type="radio"/> Flexible Clasp | <input type="radio"/> Valplast |
| <input type="radio"/> Cast Metal | <input type="radio"/> Flipper |
| <input type="radio"/> Wrought Wire Clasps | |
| <input type="radio"/> DurAcetal Partial | |
| <input type="radio"/> DurAcetal Clasps | |



- | | | | |
|---|---|--|--------------------------------|
| <input type="radio"/> Economy | <input type="radio"/> Superior | | |
| <input type="radio"/> Artic | <input type="radio"/> Classic | <input type="radio"/> IPN | <input type="radio"/> Blueline |
| Shade: _____ | | Mold: _____ | |
| <input type="radio"/> Custom Tray | | | |
| <input type="radio"/> Nightguard - Hard | <input type="radio"/> Nightguard - Soft | <input type="radio"/> Nightguard - Hard/Soft | |
| <input type="radio"/> Reline | <input type="radio"/> Repair | <input type="radio"/> Attachment/Implant | |

- Call me (before proceeding with case)
- Return for die trim
- Soft tissue model

HAVE YOU INCLUDED THE FOLLOWING?

- Impression
- Opposing
- Shade
- Pre-Op Model
- Photos
- Model of Temps

ADDITIONAL INSTRUCTIONS:

SIGNATURE _____ LICENSE # _____