



Dental Lab

www.TCdentallab.com

Portland: 1000 NE 122nd Ave, Portland, Oregon, 97230

San Diego: 6440 Lusk Blvd dro9, San Diego, CA 92121

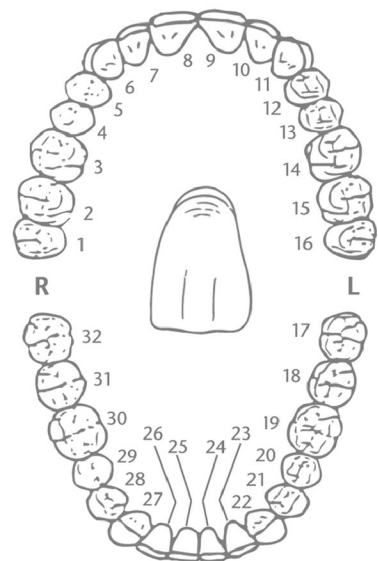
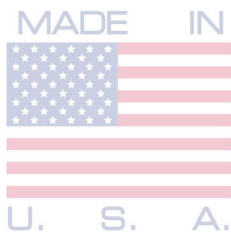
P:(800) 926-5412 F: (503) 254-1957

Doctor Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Patient Name: _____ **Due Date: Delivery by 5pm on written date**

FIXED RESTORATION		REMOVABLE RESTORATION	
TOOTH NUMBER: _____ SHADE: _____ OCCLUSAL STAIN: <input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Medium <input type="radio"/> Dark		<div style="text-align: center;"> </div>	
<div style="text-align: center;">ALL-CERAMIC</div> <input type="radio"/> Full Contour Zirconia <input type="radio"/> Emax Press <input type="radio"/> 3D Multilayer Zirconia <input type="radio"/> Veneer <input type="radio"/> Porcelain fused Zirconia <input type="radio"/> Diagnostic Wax-up		<div style="text-align: center;">DENTURE - FLEXIBLE</div> <input type="radio"/> Flipper <input type="radio"/> Full Denture <input type="radio"/> Valplast Partial <input type="radio"/> Duracetal Partial <input type="radio"/> Metal-Framework <input type="radio"/> Custom tray <input type="radio"/> Occlusal rim <input type="radio"/> Wax Set-up try-in <input type="radio"/> Finish	
<div style="text-align: center;">METAL RESTORATION</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">PFM</div> <input type="radio"/> Non-Precious <input type="radio"/> Noble White <input type="radio"/> High Noble </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">FULL CAST CROWN</div> <input type="radio"/> Non-Precious <input type="radio"/> Noble Yellow <input type="radio"/> Noble White <input type="radio"/> High Noble </div> </div>		<div style="text-align: center;">PROTECTION GUARD</div> <input type="radio"/> NightGuard <input type="radio"/> Thermo <input type="radio"/> Hard <input type="radio"/> Combo <input type="radio"/> Bleach Tray <input type="radio"/> Sport Guard	
IMPLANT RESTORATION			
ABUTMENT MARGIN DEPTH 		Implant System: _____ Implant Size: _____ mm	
		<div style="text-align: center;">RESTORATION TYPE</div> <input type="radio"/> Screw-Retained <input type="radio"/> Cement-Retained <input type="radio"/> Titanium <input type="radio"/> Zirconia with Ti Base <input type="radio"/> Gold Cast	



Pictures have been sent to Info@tcdentallab.com

Signature: _____ License# _____