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Return Date: _____

Dr. Signature: _____

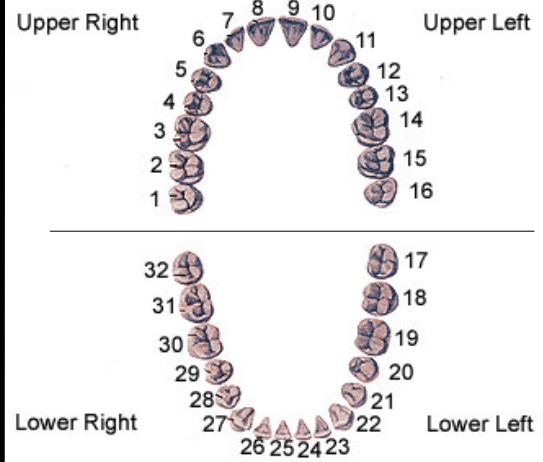
Dr. License No.: _____

Basket No.: _____

CASE INFORMATION

Dentist / Laboratory: _____
 Your Case #: _____
 Patient _____
 Gender _____ Age _____ Date _____

TOOTH NUMBERS / CASE DESIGN



SERVICES (Circle Items)

CROWN AND BRIDGE

Porcelain Fused to Metal (PFM)

940 PFM Non-Noble

930A PFM High Noble (yellow)

930C PFM High Noble (white)

930B PFM Noble (white)

900 PFM Captek (yellow)

937 PFM Titanium alloy

942 Coping Non-Noble

933A Coping High Noble (yellow)

933C Coping High Noble (white)

933B Coping Noble (white)

931A Post/pin & PFM High Noble (yellow)

931C Post/pin & PFM High Noble (white)

931B Post/pin & PFM Noble (white)

941 Post/pin & PFM Non-Noble

Full Cast

945 Crown/inlay/onlay full cast Non-Noble

935A Crown/inlay/onlay full cast High-Noble, yellow

935C Crown/inlay/onlay full cast High Noble, white

935B Crown/inlay/onlay full cast Noble, white

920 King's Crown full cast (Au 97%, yellow)

All Ceramic

971 IPS E.Max Crown

970 IPS E.Max Inlay/onlay

972 IPS E.Max Veneer

973 IPS E.Max 0.3 mm Veneer

978 Cercon Zirconia

979 All Zirconia for Bruxer crown/bridge

Other Bridge and Crown

943 PFM porcelain only

903 Implant Cercon Zirconia

960A Implant crown High Noble

960B Implant crown Noble

960 Implant crown Non-Noble

911A Maryland bridge High Noble

911B Maryland bridge Noble

912 Maryland bridge Non-Noble

936A Post/pin core High Noble

936B Post/pin core Noble

946 Post/pin core Non-Noble

959 Temporary crown

999 Veneer high strength acrylic

REMOVABLE DENTURES - Partial Dentures

980 Partial denture framework w/o teeth (Cr Co)

981 Partial denture framework finish w/teeth

982 Partial denture framework setup with teeth

983 Partial denture framework setup w/o teeth

987 Partial Denture finish only

988A Valplast-Flexi partial denture, up to 4 teeth

988B Valplast-Flexi partial denture 5 or more teeth

988C Valplast finish only

989A Titanium framework incl. finish w/teeth

989B Titanium framework only

997 Attachment (incl. framework & teeth set up)

906 Clasp - Tooth color/Transparent (each)

907 Gold-Plated Framework

998 Telescope (not including framework)

Alloys

Non-Noble Argen Argeloy N.P. Special, Cr 31.5%, Co 59.5%

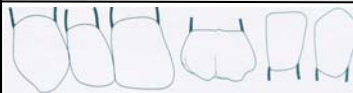
Noble White PFM & Cast Argen Argistar 43+ Pd 59.9%, Ag 28%

High Noble Yellow PFM Argen Argendent 74, Au 74%, Pt 4%

High Noble Yellow Cast Argen Argenco 56, Au 55.8%, Pd 4.1%

High Noble White PFM & Cast Allidental Alfa Ceramic 3, Au 50%

CERAMIC SHADE



Cracklines Transparency Translucency

Shade: _____

Use Vita/Bioform Shade Guide

MARGIN DESIGN

Lingual Metal



No Metal



Porcelain Margin



Small Metal



CONTACTS

Normal



Heavy & Broad



Point



PONTIC DESIGN

Standard (Modified Ridge)



No Contact



Point Contact



No Ridge



OTHER SERVICES

932 Porcelain margin

994A Bite registration

994B Wax Rim

991 Night guide

992 Bleaching guide

995 Snoring guide

993 Custom tray or Individual tray

901 Diagnostic Wax up per jaw (over 4 units)

902 Diagnostic Wax up per unit

908 Composite Veneer (Hi-impact acrylic)

996 Electroplating coping 100% Au

950 Non-Noble composite build up teeth

913 Fixed Space Maintainer

913 Removable Space Maintainer

914 Orthodontic applicator

Full Dentures

986A Full denture including teeth

986B Full denture incl. teeth (Hi-impact acrylic)

985 Denture finish

984 Denture setup

909 Denture Repair

100 Soft lining

101 ID Denture

If Insufficient Occlusal Clearance...

_____ Metal Occlusal

_____ Reduction Coping

_____ Adjust Opposing

Below Ridge (Bullet)



SPECIAL INSTRUCTIONS



See back for additional instructions and/or sketches





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For GGG Use: Date: _____
 Company: _____
 Basket: _____
 Item: _____
 Original No.: _____

SPECIAL INSTRUCTIONS & SKETCHES



REMAKES

1. Return **Original Lab Slip**
2. Provide **New Impression**, except for change in shade
3. Provide a **Reason** for remake

REMINDERS

1. Please **print LEGIBLY**
2. **Circle Service Item** desired
3. **Indicate Shade** for porcelain using **Vita or Bioform Shade Guides only**
4. **Indicate Margin Design**, if any
5. **Indicate Contact Points**, if any
6. **Indicate Pontic Design** if any
7. **Include** impressions, model, bite registration, and all implant parts (see above)

IMPLANTS

1. Impression
2. Opposite model or impression
3. Bite registration
4. Transfer abutment for plaster model
5. Transfer abutment for crown
6. Burnout abutment for screw solution
7. Screws for both transfer abutments

SHIPPING NOTES

1. Prepare 3 copies of a **Commercial Shipping Invoice** for outside the box
2. Prepare an International Waybill
3. Customs Valuation **UNDER US\$30**

Thank you for using GGG!

