

DR. Name _____ DR. Phone # _____

DR. Address _____

Patient _____ / _____ Male Female
Last First

Date Wanted _____ AM PM



Continental Dental Laboratory

960 W. Behrend Drive #4

Phoenix, Az 85027

Phone: 623-580-7711 • Fax: 623-580-7779

1-800-695-0155

www.continentallab.com

Technical questions: Techsupport@Continentallab.com



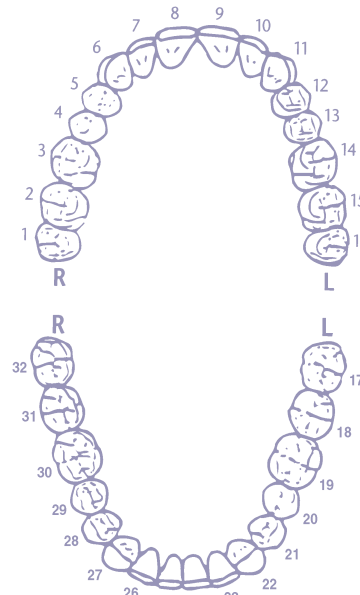
QUALIFIED NDX
RELIANCE® LABORATORY

SHADE _____

STUMP / PREP SHADE _____

METAL TRY-IN
 YES NO

BISQUE TRY-IN
 YES NO



STUDY MODELS REQUIRED ON ALL ANTERIOR CASES OF 3 UNITS OR MORE.

AZ STATE LAW REQUIRES ID ON ALL FULL DENTURES.

DO NOT ID, DOCTOR HAS PATIENT WAIVER ON FILE _____ Signature

Signature _____ D.D.S. Lic.# _____

I agree to make full remittance of charges incurred by this prescription, payable within ten days of receipt of statement. I further agree to pay all costs incurred in collection should I default, including without limitation, reasonable attorney's fees and a monthly service charge of 1½% of outstanding balance.

DENTURES

- ACRYLIC REG ORIGINAL DARK
- SR-IVOCAP INJECTED DENTURE
- VALPLAST PARTIAL

NIGHTGUARDS

- THERMOPLASTIC NIGHTGUARD
- NIGHTGUARD... (HARD OR SOFT)

MAXIMUM PROTRUSIVE MEASUREMENT OR BITE NEEDED FOR:

- TAP 3 OR TAP 3 ELITE
- NTI-tss PLUS DEVICE

PARTIALS

- VITALLIUM 2000 PLUS
- GOLD
- CLEAR FRAME (NYLON)
- FRAME METAL TRY-IN
- FRAME WITH BITE RIM
- FRAME WITH SETUP
- FRAME WITH FINISH

ALL CERAMIC

- E-MAX PRESS (MONOLITHIC) LAVA
- E-MAX LAYERED CMZ-ZIRCONIA
- EMPRESS BRUXZIR

PORCELAIN FUSED TO METAL

ALLOY TYPE

- BASEMETAL
- NOBLE
- HIGH NOBLE
- CAPTEK

FULL CAST RESTORATIONS

- BASE
- NOBLE WHITE
- NOBLE YELLOW
- HIGH NOBLE YELLOW
- HIGH NOBLE WHITE

PONTIC DESIGN

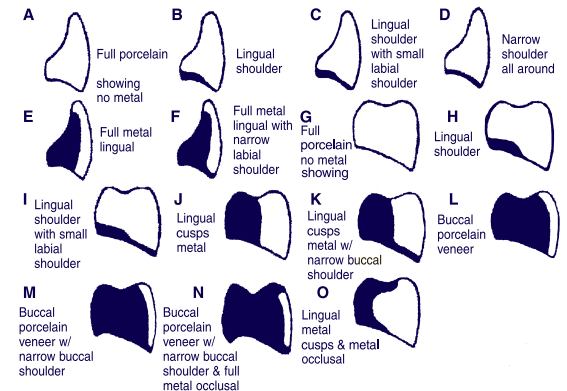
- FULL RIDGE
- PARTIAL RIDGE
- NO RIDGE
- POINT CONTACT

MARGINS

- NO BAND
- LINGUAL BAND
- 360° BAND

OCCLUSAL STAINING

- Light Dark
- Medium None



PLEASE SEND:

- MAILING BOXES DELIVERY BAGS
- PREPAID STICKERS
- RX/LAB SLIP AIR BILLS