BDL BLACKBURN DENTAL LABORATORY

P.O. Box 98178 • Jackson, MS 39298 • 1-800-423-5427 • 601-932-6300
111 Metroplex Blvd • Pearl, MS 39208

Dr. Name: _____ Dr. Phone # _____

Dr. Address: _____ City: _____ State: _____ Zip: _____

Dr. Email Address: _____ Patient: _____ ❏ Male ❏ Female

Occusal   Shade _____

Buccal

email photos to crowns@blackburndentallab.com

Zirconia/All Ceramic
❏ Full Contour Zirconia   ❏ IPS e max
❏ Porcelain to Zirconia   ❏ Layered IPS e max

Porcelain Fused to Metal
❏ Non Precious   ❏ White Noble
❏ Yellow High Noble   ❏ White High Noble

Implants

Platforms	Size	Material
❏ Nobel _____ _____		❏ Titanium
❏ Zimmer _____ _____		❏ All Zirconia
❏ Biomet 3i _____ _____		❏ Hybrid Zirconia
❏ Other _____ _____		

Type

❏ Screw Retained   ❏ Cement Retained

Full Cast
❏ Non Precious   ❏ White High Noble
❏ White Noble   ❏ Yellow High Noble
❏ Argenco Y+   ❏ 50 Yellow

Doctors Instructions:

Date Mailed: _____ Due Date: _____ Time: _____

MADE ONLY IN U.S.A.

If minimal occusal clearance:

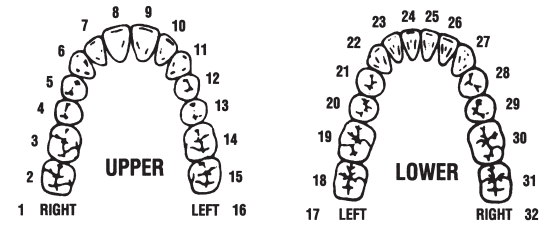❏ Call doctor   ❏ Reduction coping (extra charge)   ❏ Adjust opposing   ❏ Metal island if necessary

PORCELAIN DESIGN (Please Circle)   PONTIC DESIGN

A B C D E F   FULL COVERAGE
G H I J K L   OCC ISLAND FULL CAST

FULL RIDGE   PART RIDGE   NO RIDGE   HIGH WATER   BULLETT

Please mark enclosed items:
____ Impression   ____ Bite   ____ Model
____ Shade Tab   ____ Study Model
____ Implant Parts _____

UPPER — 1 RIGHT ... LEFT 16
LOWER — 17 LEFT ... RIGHT 32

Dentures
❏ Base/Bite Rim   ❏ Custom Tray

❏ Try-in   ❏ Complete

Select Type of Partial or Denture Below

❏ Digital Denture

❏ Standard Deluxe   ❏ Economy   ❏ Premium

Partials

❏ Flexible   ❏ All Acrylic   ❏ Cast
__ Valplast   __ Flipper   __ Facings
__ FRS   __ W/Wrought   __ Metal
__ Duraflex   2 Wire Clasps   Dummies

❏ Hybrid
Cast framework with flexible base

❏ Framework Only   ❏ Wax Try-in W/Frame   ❏ Complete

❏ Tissue Shade _____

Tooth selection used based on shade guide choice unless otherwise noted.
You will receive a standard/deluxe if no type partial/denture is selected.

SIGNATURE: _____ LICENSE NO.: _____

Payment is due upon receipt of statement. Total statement amount due by end of the month. All past due invoices will be subject to a finance charge and collection fees. The signer is responsible both corporately and personally. Your signature is acceptance of these terms.

Has this case been disinfected

❏ Yes   ❏ No

Please visit our website for product updates, specials, Rx forms, mailing, UPS labels and other useful information.

www.blackburndentallab.com

Thank you for choosing Blackburn Dental Lab.