

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

Lab Use Only
Case # _____

Occusal _____ Shade _____
Buccal _____

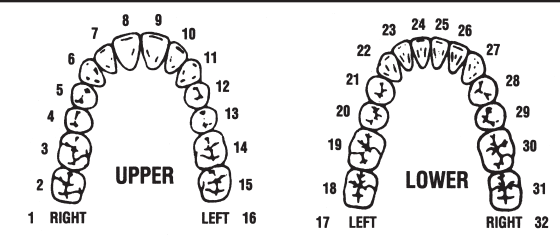
email photos to crowns@blackburndentallab.com

Doctors Instructions:
Date Mailed: _____ Due Date: _____ Time: _____

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

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



Dentures

Base/Bite Rim Custom Tray
 Try-in Complete

Implants

| Platforms | Size | Material |
|--|------|--|
| <input type="checkbox"/> Nobel _____ | | <input type="checkbox"/> Titanium |
| <input type="checkbox"/> Zimmer _____ | | <input type="checkbox"/> All Zirconia |
| <input type="checkbox"/> Biomet 3i _____ | | <input type="checkbox"/> Hybrid Zirconia |
| <input type="checkbox"/> Other _____ | | |

Type

Screw Retained Cement Retained

Select Type of Partial or Denture Below

Standard Deluxe

Economy Premium

If minimal occlusal clearance:

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

Partials

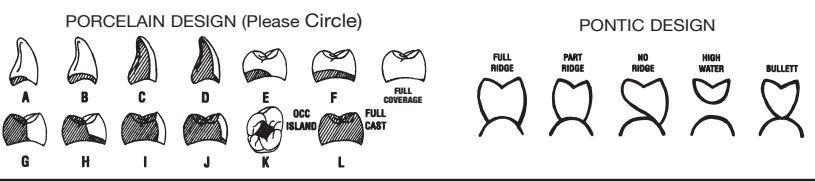
Flexible All Acrylic Cast

__ Valplast __ Flipper __ Facings
__ FRS __ W/Wrought __ Metal
__ Duraflex 2 Wire Clasps Dummies

Hybrid
Cast framework with flexible base

Full Cast

Non Precious White High Noble
 White Noble Yellow High Noble
 Argenco Y+ 50 Yellow



Framework Only Wax Try-in W/Frame Complete Only

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.