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email photos to crowns@blackburndentallab.com

Zirconia/All Ceramic

**Porcelain Fused to Metal** 

☐ Full Contour Zirconia

☐ Porcelain to Zirconia

■ Non Precious

Occusal

Shade

☐ IPS e max

■ White Noble

☐ Layered IPS e max

	Dr. Name:	Dr. Phone #			Lab Use Only Case #
	Dr. Address:	City:	State:	Zip:	
	Dr. Email Address:		Patient:	□ Male □ Female	
Do	ctors Instructions:			Please mark enclosed items:	
Da	te Mailed:	Due Date:	Time:	Impression Bite _	Model
				Shade Tab Stud	y Model
				Implant Parts	
				7 8 9 10 11 12 4 2 13 14 2 UPPER 15 15 1 RIGHT LEFT 16	23 24 25 26 27 28 28 29 30 30 18 LOWER 31 17 LEFT RIGHT 32
		*_*_*_*		Denture	s
				☐ Base/Bite Rim	☐ Custom Tray
		*^**^********		☐ Try-in	□ Complete
				Select Type of Partial	or Denture Below
				☐ Digital Denture	
MA		MADE ONLY IN U.S.A.	٨.	☐ Standard Deluxe ☐ Ed	
				Partials	•
				☐ Flexible ☐ All Acrylic	Cast □ Cast
				_ Valplast _ Flippe	r Facings
if minimal occusal clearance:  ☐ Call doctor ☐ Reduction ☐ Adjust ☐ Coping ☐ Opposing ☐ if necessary ☐ (extra charge)				ought Metal	
				Duranex	e Clasps Dummies
			if necessary	☐ Hybrid Cast framework with flexible base	
N	PORCELAIN DESIG	N (Please Circle) Pr	ONTIC DESIGN	☐ Framework ☐ Wax Try-i Only W/Frame	
A G		E P F COVERAGE RIGGE RIG	RIGGE WATER BULL	Tissue Shade Tooth selection used based on shade guing You will receive a standard/deluxe if no ty	

■ No

☐ White High Noble ☐ Yellow High Noble **Implants Platforms** Size Material ■ Nobel □ Titanium ☐ All Zirconia □ Zimmer ☐ 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 LICENSE NO.: SIGNATURE: Has this case been disinfected 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 Yes is acceptance of these terms.

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