



302 Genesee St. *Utica, NY 13502* (866)733-3152*info@uticadentallab.com

www.uticadentallab.com

UTICA
DENTAL LABORATORY
CONSISTENT · QUALITY · SERVICE

Step One: Doctor Info

Today's Date E-Mail

Doctor

Address

City State Zip Code

Step Two: Patient Info / Implant System

Patient Name

Implant System: _____

Implant Size: _____ mm

Case Instructions:

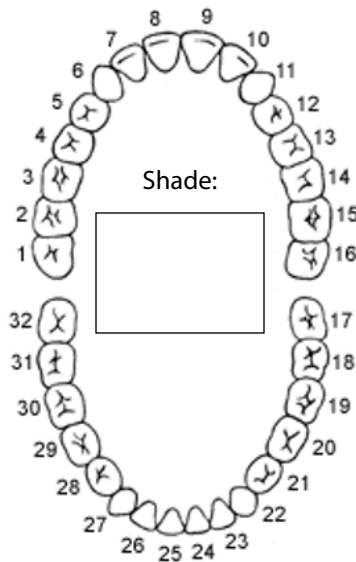
Step Three: Restoration Type

Crown Splinted Crowns Bridge

Screw Retained Cement Retained

Choose Material Type:

BruxZir IPS e.max CAD Zirconia Katana PFM Noble



WORK ORDER FORM

****IMPLANT FIXED****

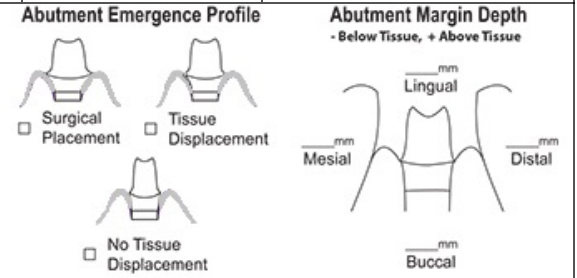
LAB USE ONLY:

Date Received: _____ Pan #: _____

Models: _____ Impressions: _____

Select Final Custom Abutment

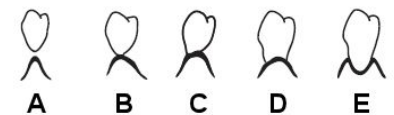
Choose Material:	Select Milling Strategy:
<input type="checkbox"/> Titanium	<input type="checkbox"/> Mill From Company Of The Placed Implant (\$399 abutment and crown)
<input type="checkbox"/> Gold Colored Titanium	<input type="checkbox"/> Mill From TruAbutment (\$299 abutment and crown)
<input type="checkbox"/> Zirconia With Ti Base	
<input type="checkbox"/> Prepare Existing Abutment	



Contacts and Occlusal Design

Contacts:	Occlusion:
<input type="checkbox"/> Broad & Tight	<input type="checkbox"/> Light
<input type="checkbox"/> Light	<input type="checkbox"/> Ideal
<input type="checkbox"/> Pinpoint	<input type="checkbox"/> Open _____ mm
	<input type="checkbox"/> Out

Pontic Design:
(Circle one)



Step Five: Validate

Please Send The Following: Rx Forms Boxes Mailing Labels

Signature: _____ License#: _____