Dentyaan

Dental lab order form

Send with the impression or scan. Keep the copy at the clinic.

Clinic: _____

Doctor: _____

Phone: _____

Lab name | **Lab phone** | **Order date**

Patient name or code | **Age** | **Sex** | **OP number**

Work needed

☐ Crown ☐ Bridge ☐ Inlay / onlay ☐ Veneer ☐ Complete denture ☐ Partial denture ☐ Night guard
☐ Aligner / retainer ☐ Other

Teeth

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Circle the teeth. For a bridge, mark abutments (A) and pontics (P).

Material and shade

☐ PFM ☐ Zirconia ☐ E.max / lithium disilicate ☐ Full metal ☐ Acrylic ☐ Flexible

Shade (guide used) | **Stump shade** | **Margin**

Sent with

☐ Upper impression ☐ Lower impression ☐ Bite registration ☐ Digital scan ☐ Photos ☐ Old denture

Instructions

Trial needed on | **Final needed by** | **Patient fitting appointment**

Dentist name and signature | **Received by lab, date**

Tip: write the patient's fitting date here when you send the work, and check it the day the work comes back.