

LAFAYETTE DENTAL LAB
 10920 N. Tatum Blvd, Ste 101
 Phoenix, AZ 85028
 Phone: 602 996 9482
 Fax: 602 996 6053
LafayetteDentalLab.com

Doctor: _____

Patient: _____

DATE/TIME WANTED

SHADE:

CUSTOM

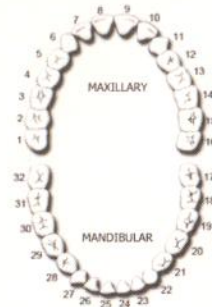
Items Included w/ Case: Impressions: Triple Tray Upper Lower
 Scanned: System Type & Date: _____
 Models: Upper Lower Opposing Pre-Op Other: _____
 Bite Registration: Yes/Qty: _____ Old Crown/Bridge: Yes/Qty: _____
 Implant Parts & Qty: Impression Copings _____ (In Impression)
 Analog/Replica _____ Restorative Parts _____ Screws _____
 Photos: Yes > Printed DVD/CD Media Card/USB Dropbox
 Emailed Date: _____ (please send to RX@Lafayettedentallab.com)

Terms- NEW ACCOUNTS MUST HAVE A CREDIT CARD ON FILE. Orders not paid within 30 days of statement are subject to a delinquency charge of 2% per month. The dentist will be held responsible for all collection costs including attorney's fees incurred in the event that account collection becomes necessary.

Dentist's Signature: _____ License #: _____
 Date: _____

Restoration Type:

- Zirconia Layered
- Zirconia Full Contour
- Zirconia Full Contour HT
- eMax Pressed
- Feldspathic
- PFM*
- Gold*
- Temporary
- DX Waxup
- Aesthetic Waxup
- Other: _____



Implants:**

- Custom Zirconia(Ti Base)
- Custom Titanium
- Custom Mfg. Option
- Cast Gold/UCLA*&***
- Stock Abut**
- PMMA/Temp
- Other: _____

Notes-

*- Alloy prices can vary with market prices and size of restorations
 **- Please provide all parts needed for Implant model-work and restorations. Delays can occur for ordered parts, and a need to reschedule the original delivery date requested.

DR's INSTRUCTIONS: