



2601 Dekalb Pike  
2nd Floor  
East Norriton, PA 19401  
610.272.5103

CB Dental Laboratories, LLC

Dr. Name \_\_\_\_\_ Dr. Phone # \_\_\_\_\_

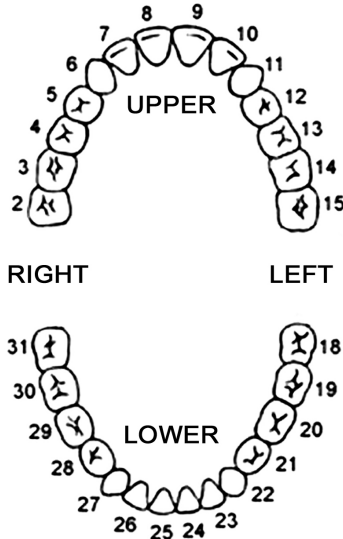
Dr. Account # \_\_\_\_\_ Patient \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First)

Address/E-mail \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_

Enclosed with case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_



CHECK HERE TO MANUFACTURE CERAMICS OR FULL CAST USING CAD/CAM



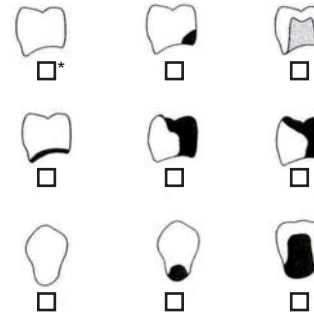
**OCCLUSAL STAINING**

None  Light\*  Medium  Dark

**PONTIC DESIGN**



**METAL DESIGN**



\*Standard unless specified otherwise

**PORCELAIN FUSED TO METAL**

Noble  White High Noble  
 Occlusal Gold HYN

**HYBRID**

Overdenture w/ Cast Bar  
 Overdenture w/ Attachment  
 Hybrid Fixed / Detachable

**ZIRCONIA & ALL-CERAMICS**

Zirconia  Alumina  Zirc-bridge  
 Vivaneer No-prep ven.  
 IPS Empress veneer

*Indicate present tooth shade on Rx for veneers*

**IMPLANT ABUTMENTS**

Titanium  Zirconia

*Specify implant system, brand & diameter on Rx*

**NIGHTGUARDS/BITE SPLINTS**

Upper  Lower  
 Comfort H/S (Hard/Soft)  Comfort (Hard)

**OTHER APPLIANCES/SERVICES**

Custom Tray  Stent  
 Bite Rim  Sport Guard  
 Repair  Sleep Apnea  
 Reline  Other:  
 Reset  
 Immediate

**LABORATORY USE ONLY**

Received \_\_\_\_\_

Shipped \_\_\_\_\_

Signature \_\_\_\_\_ License # \_\_\_\_\_

**Avadent DENTURES**  
 Denture  Duplicate denture  Custom Tray  
 Occlusion rim  Denture/Valpast set-up try-in  Finish

Name on appliance \_\_\_\_\_  
(Additional Charge)

Tooth set-up  Ideal  Characterized  Study model  
 Male  Female Age

Acrylic Shade  Standard  Ethnic Med. Drk.  
Acrylics tabs available G1 G2 G3 G4

**COMBINATION CROWNS & PARTIALS**

Future Partial: \_\_\_ Vitallium \_\_\_ Attachments  
 Fabricate RPD to fit restoration

White Copy - Lab Yellow Copy - Doctor

**PROVISIONALS**

Transition C&B

Abutment #s \_\_\_\_\_

Pontic #(s) \_\_\_\_\_ Total Units \_\_\_\_\_

Splinted\* Individual units

Reinforcement:  None  Wire\*  Fiber  Metal

Amount of prep reduction:  1mm\*  2mm

Perio treatment: Prepare tooth below gingival

on tooth #(s) \_\_\_\_\_ by \_\_\_\_\_ mm

Pontic site healing: Prepare ovate socket

on tooth #(s) \_\_\_\_\_ by \_\_\_\_\_ mm

\*Standard unless specified otherwise