dental CAPITAL LAB

CAPITAL Dental Solution

IMPLANT and REMOVABLE Specialist Dental LAB

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CASE #

DOCTOR : _____ PHONE: _____

ADDRESS : _____

PATIENT : _____ AGE : _____

PFM (Porcelain Fused to Metal)

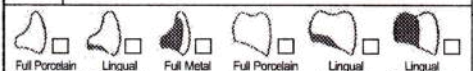
- ☐ PFM (Non-Precious)
- ☐ PFM (Semi-Precious)
- ☐ PFM (High Noble Gold, WHN)
- ☐ PFM (Occlusal Gold YHN)
- ☐ Implant (Cement Type)
- ☐ Implant (Screw Retainer)

Full-Cast Restorations

- ☐ Metal Crown (Non-Precious)
- ☐ White Metal Crown (Semi-Precious)
- ☐ Yellow Metal Crown (Noble Cast,YHN)

All-Ceramic Restorations

- ☐ Full Contour Zirconia (Dentsply-Cercon)
- ☐ PFZ (Porcelain Fused to Zirconia)



#Case Description

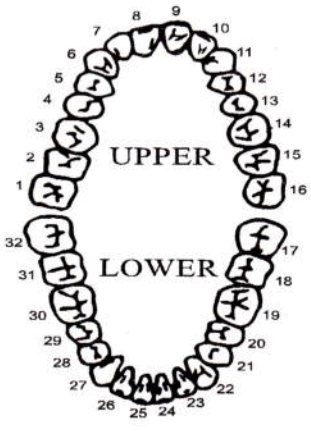
Removable Prosthetics

- ☐ Acrylic Full Denture
- ☐ Acrylic Partial Denture
- ☐ Flexible Denture (Valplast)
- ☐ Metal Frame
- ☐ Acrylic Flipper and Nesbit
- ☐ Valplast (Flexible) Flipper or Nesbit
- ☐ Night Guard
- ☐ Bleaching Tray
- ☐ Denture Reline (complete)
- ☐ Denture Repair

Denture Process

- ☐ Custom Tray
- ☐ Bite Block
- ☐ Teeth Set-up
- ☐ Finish

■ Indicates teeth marked for this case



Order Date:	/ /
Due Date:	/ /

Dr's Signature : _____ **Date:** _____