

K-ART

Dental Laboratory Corp.

366-1 commack rd commack ny 11725
 Tel. 631-462-2939 Fax 631-731-4128
 Web Site: www.kartdl.com
 E-Mail: info@kartdl.com

FROM:

Date: ____ / ____ / ____

Return Date: ____ / ____ / ____

Dr. _____

Address: _____

City: _____ State: _____

Phone: _____ Zip: _____

Patient's Name: _____

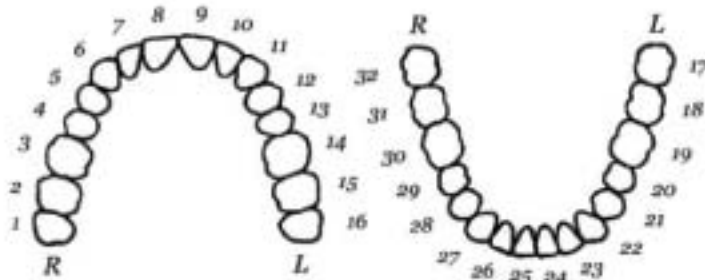
Male Female Age: _____

SPECIAL SECTION

PERSONAL TOOTH ID: _____ Call me

TOOTH TATTOO: _____ Call me

WORK AUTHORIZATION



DESIGN

PROCEDURE(S):

- | | | |
|-------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Single Castings | <input type="checkbox"/> Implant | <input type="checkbox"/> Frame w/ bite |
| <input type="checkbox"/> Sectioned Bridge | <input type="checkbox"/> Laminate | <input type="checkbox"/> Setup |
| <input type="checkbox"/> Connected Bridge | <input type="checkbox"/> Bisq Bake | <input type="checkbox"/> Custom Tray |
| <input type="checkbox"/> Solder / Laser | <input type="checkbox"/> Adjustment | <input type="checkbox"/> Bite Rim |

PORCELAIN FUSED TO METAL:

- | | |
|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Semi Precious | <input type="checkbox"/> High Noble White 52% |
| <input type="checkbox"/> Titanium Ceramic Alloys | <input type="checkbox"/> High Noble Yellow 88% |
| <input type="checkbox"/> Captek | <input type="checkbox"/> Non Precious |

ALL METAL:

- | | |
|-----------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Yellow Gold (Type II, III or IV) | <input type="checkbox"/> Semi-Precious |
| <input type="checkbox"/> Titanium Alloys | |

ALL CERAMIC / COMPOSITE

- | | | |
|--------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Procera Allceram* | <input type="checkbox"/> Targis & Vectris* | <input type="checkbox"/> Art Glass* |
| <input type="checkbox"/> IPS Empress* | <input type="checkbox"/> High Ceram PJ | <input type="checkbox"/> IPS Empress II |



SHADE

STAINING

- Light
 Medium
 Dark
 None

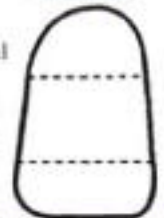
SURFACE TEXTURE

- Smooth
 Moderate
 Heavy

Gingival

Body

Incisal



MARGIN

- Porcelain Labial Margin Full Metal Collar

DESIGE:

- Porcelain Butt Joint Slight Metal Collar

PONTIC DESIGN



*STANDARD UNLESS OTHERWISE SPECIFIED

IMPLANTS:

Implant Type: _____

- | | |
|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Screw Retained | <input type="checkbox"/> Cement Retained |
| <input type="checkbox"/> Custom Abutment | |

PLEASE SEND THE FOLLOWING

- Rx Forms Shipping Supplies Other _____

SPECIAL ENCLOSURES

- Post Shade Tab Photo(s) Other _____

Please evaluate Preps and Impressions

CALL ME - I would like to speak with _____

Signature _____ Lic. # _____

A 1.5% finance charge will be applied to

ALL PAST DUE BALANCES.

Retain Yellow copy for your records

Thank You!