

Doctor: \_\_\_\_\_  
 Practice: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_



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 email: photos@lumident.net

## FIXED - Accepting all digital files

### ALL CERAMICS

- Verotek® FCZ  
(Full-contour Zirconia)
- Verotek Layered  
(Fully Layered w/ Porcelain)
- IPS e.max®
- IPS e.max Layered
- Verotek Aesthetic

### PFM

- Base
  - Noble  
(White)\*
  - High Noble  
(White)
  - High Noble  
(Yellow)
- \*default

### FULL CAST

- Base
- Noble (White)
- Noble (Yellow)
- High Noble  
(Yellow)

TOOTH #

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### IF INSUFFICIENT OCCLUSAL CLEARANCE

- Please Call
- Reduce/Mark On Opposing
- Reduce/Mark On Prep
- Reduction Coping

### PONTICS



### Metal Margins Designs



### Dr. to Trim Die

- Yes  No

## FIXED UPGRADES

- Porcelain Butt Margin
- Aesthetic Effect
- Crown Fit to Existing Partial
- Survey for Partial

## IMPLANTS

- Genuine Abutment Package\*
- Smart Abutment Package

- Cement Retained\*
- Screw Retained

### ABUTMENT MATERIAL

- Titanium\*
- Gold Hue
- Zirconia

### CROWN MATERIAL

- Verotek FCZ\*
- IPS e.max
- Verotek Layered
- Noble PFM
- Temporary

Implant Manufacturer	Platform	Tooth Number

\*default

## TOOTH SHADE:

**PLEASE PRINT:** Patient

FIRST \_\_\_\_\_  
 LAST \_\_\_\_\_

Age \_\_\_\_\_

- Male  Female

Expected Delivery Date  
 \_\_\_\_\_ by 5:00 pm

- Call in before 9:30 am for delivery after 3:30 pm

**Same-day service patient appointment time** \_\_\_\_\_

- Please call about this case
- Photos sent - photos@lumident.net

Name on ID: \_\_\_\_\_

- Diagnostic Wax Up
- Temporary Crown
- Prosthetic Guide

## SEND MORE

- RXs
- Boxes
- Labels
- Other \_\_\_\_\_

Dr. Signature: \_\_\_\_\_

Date: \_\_\_\_\_ License #: \_\_\_\_\_

## LAB USE ONLY

## DENTURES

### SET-UP

- |                                        |                                                |
|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Anterior      | <input type="checkbox"/> Posterior             |
| <input type="checkbox"/> Ideal         | <input type="checkbox"/> Lingualized Occlusion |
| <input type="checkbox"/> Characterized | <input type="checkbox"/> Balanced Occlusion    |

### PROCESS/ACRYLIC SHADE:

- |                                       |                                          |
|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Preference   | <input type="checkbox"/> US-D            |
| <input type="checkbox"/> Ethnic Mild  | <input type="checkbox"/> Ethnic Moderate |
| <input type="checkbox"/> Ethnic Heavy | <input type="checkbox"/> Other _____     |

## FULL DENTURE Premium Standard Economy

- |                                     |                                             |                                       |
|-------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Maxillary  | <input type="checkbox"/> Custom Tray        | <input type="checkbox"/> Teeth/Try-in |
| <input type="checkbox"/> Mandibular | <input type="checkbox"/> Baseplate/Bite Rim | <input type="checkbox"/> Reset        |
|                                     | <input type="checkbox"/> Immediate          | <input type="checkbox"/> Finish       |

## PARTIAL DENTURE Premium Standard Economy

- |                                     |                                           |                                                 |
|-------------------------------------|-------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Maxillary  | <input type="checkbox"/> Design Only      | <input type="checkbox"/> Frame/Set Teeth        |
| <input type="checkbox"/> Mandibular | <input type="checkbox"/> Frame Only       | <input type="checkbox"/> Frame/Set Teeth/Finish |
|                                     | <input type="checkbox"/> Frame/Bite Block | <input type="checkbox"/> Finish                 |

## ACRYLIC PARTIAL

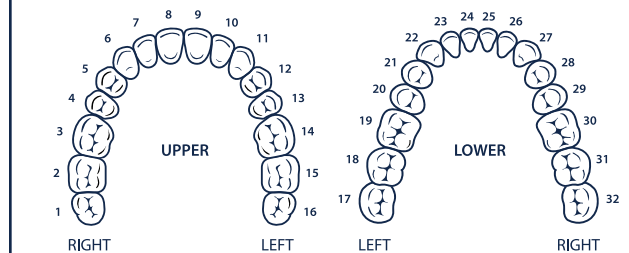
- |                                     |                                    |                                     |
|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Maxillary  | <input type="checkbox"/> Set Teeth | <input type="checkbox"/> Wire Clasp |
| <input type="checkbox"/> Mandibular | <input type="checkbox"/> Finish    | <input type="checkbox"/> Ball Clasp |

## FLEXIBLE PARTIAL

- |                                     |                                    |                                               |
|-------------------------------------|------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Maxillary  | <input type="checkbox"/> DuraFlex  | <input type="checkbox"/> Finish               |
| <input type="checkbox"/> Mandibular | <input type="checkbox"/> Set Teeth | <input type="checkbox"/> Hybrid (Metal Frame) |

SHADE  Pink  MD Pink  DK Pink  Clear  Other \_\_\_\_\_

## DENTURE/PARTIAL DESIGN



## SPECIALTY Maxillary Mandibular

### NTI-TSS PLUS™ & OCCLUSAL GUARDS

- |                                       |                                             |                                          |
|---------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Thermofit    | <input type="checkbox"/> Sports Mouth Guard | <input type="checkbox"/> Bleaching Trays |
| <input type="checkbox"/> NTI-tss Plus | <input type="checkbox"/> Crystal Clear®     | <input type="checkbox"/> Clear Retainer  |
| <input type="checkbox"/> Comfort H/S  | <input type="checkbox"/> Essix              | <input type="checkbox"/> Comfort Soft    |
| <input type="checkbox"/> Comfort Hard |                                             |                                          |

### SNORING & SLEEP APNEA

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input type="checkbox"/> ClearDream®     | <input type="checkbox"/> TAP® 3   |
| <input type="checkbox"/> EMA® Snoreguard | <input type="checkbox"/> dreamTAP |