Sun DENTAL LABS
1800 9th Avenue North
St Petersburg, FL 33713
1.866.561.9777
Fax 727.573.1151
www.sundentallabs.com

Doctor's Name/Account Number or Referring Dental Lab _____

_____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Patient's Name _____

Date of RX ____/____/____ Requested Return Date ____/____/____

LAB USE
- ☐ IMPRESSION ☐ WAXUP ☐ DENTURE ☐ CROWN
- ☐ ARTICULATOR ☐ BITE ☐ FRAMEWRK ☐ PYMT
- ☐ MODELS ☐ BITE BLK ☐ PARTIAL ☐ CASES
- Postage ☐ REGULAR ☐ OVERNIGHT
- ☐ _____

## FIXED RESTORATIONS

**Shade** _____
☐ Occlusal Staining

**Tooth Number (s)** _____

### Restoration
☐ Crown ☐ Inlay/Onlay
☐ Veneer ☐ Post & Core
☐ Bridge

### Pontic Design

☐ ☐ ☐ ☐ ☐

### Design Details
☐ 360° metal margin _____ mm
☐ Porcelain Butt Margin*
☐ Metal Lingual Collar
☐ Other _____
☐ 3/4 Metal Occlusal*
☐ Metal Lingual*
☐ Metal Occlusal*
☐ Diagnostic Wax up*

*Additional Charge

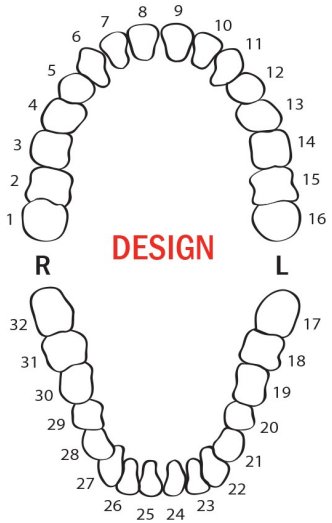
### ALL-CERAMIC
☐ SunCeram Translucent Zirconia
☐ Suntech Full Zirconia
☐ Suntech Layered Zirconia
☐ Suntech Zirconia Coping Only
☐ e.max Pressed

### COMPOSITES/ TEMP
☐ Gradia
☐ Suntech Temporary Crown

### PFM CROWNS
☐ Non-Precious
☐ Semi-Precious
☐ High Noble White Gold
☐ High Noble Yellow Gold
☐ Captek

### FULL CAST
☐ Non-Precious
☐ Semi-Precious White Gold
☐ Semi-Precious Yellow Gold
☐ High Noble White Gold
☐ High Noble Yellow Gold
☐ Cast Post & Core
☐ Y+ 2% Gold

### IMPLANT ABUTMENTS
☐ Stock
☐ Custom Milled
☐ Hader Bar
☐ Cast Overdenture Frame
☐ Screw Retained
# of Clips or Locators _____
☐ Titanium
☐ Zirconia w/Ti insert - *Hybrid*
Implant System_____
Diameter_____




_____
_____
_____
_____
_____
_____
_____

If an adjustment is needed:
☐ Adjust opposing
☐ Adjust abutment
☐ Call the office

REQUIRED
_____
DOCTOR SIGNATURE
REQUIRED
_____
License#

## REMOVABLE RESTORATIONS

Check all that apply

☐ Upper ☐ Lower ☐ Try-in ☐ Finish
☐ Denture ☐ Immediate/Surgical Denture
☐ Extract Tooth# _____ ☐ Extract All ☐ Extract Now ☐ Extract After Try-In
☐ Other _____
☐ Cusil Style
☐ Bite Block

### Teeth *(Stock teeth used if no option is selected)*
Tooth Shade _____ ☐ IPN Portrait* ☐ Gold Open Face* ☐ Full Gold*

### Sunflex Partials
☐ Sunflex
☐ Sunflex Cast Frame Combo
☐ Sunflex Vitallium 2000+ Frame Combo
☐ Sunflex Unilateral (Maximum 2 teeth)

### Sunflex Shade
☐ Light Pink
☐ Pink
☐ Medium Meharry
☐ Dark Meharry

### Clasp Type
☐ Cast* ☐ Wire*
☐ Flexible*
☐ Sunclear*
(Can NOT combine SunClear clasps with SunFlex)

### Acrylic Partials
☐ Suncast Frame w/Acrylic
☐ Vitallium 2000+ w/Acrylic
☐ Sunclear Frame w/Acrylic
☐ Flipper (1 Tooth All Acrylic)
☐ Acrylic Partial (No Frame) (Wrought Wire Clasps)

### Acrylic Shade
☐ Lucitone 199*
☐ Pink
☐ Light Pink
☐ Light Meharry
☐ Medium Meharry
☐ Dark Meharry

### Reinforcement
☐ Wire* ☐ Mesh*

### Metal Frameworks
☐ Suncast Framework Only
☐ Vitallium 2000+ Framework Only

### Sunclear Frameworks
☐ Framework Only

### Valplast Partials
☐ Valplast
☐ Valplast Cast Combo
☐ Valplast Vitallium 2000+ Combo

### Design
☐ Horseshoe Palate
☐ AP Open Palate
☐ Full Palatal Metal Coverage
☐ Palatal Strap
☐ Metal Occlusion
☐ Rests
☐ Lingual Apron
☐ Precision Attachments*
☐ Lingual Bar *(Best design is fabricated if no option is selected)*

### Attachments*
☐ ERA ☐ PD ☐ Hader Bar ☐ Other _____

### OTHER

#### Repair
☐ Reline ☐ Rebase
☐ Basic Repair
☐ Soft Liner
☐ Add Tooth #_____

#### Night Guards/ Bite Splints
☐ Soft ☐ Hard
☐ Hard/Soft 2mm
☐ Hard/Soft 3mm
☐ Surgical Stent

#### Other*
☐ Base Plate/Bite Rim
☐ Custom Tray
☐ Duplicate Model
☐ Epoxy Model
☐ Patient Name in Denture

*Additional Charge

04/17

*The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the account is in collections or litigation, including reasonable fees.*