



Sun
DENTAL LABS
1800 9th Ave 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 _____

FIXED RESTORATIONS

Shade _____ Stump Shade _____

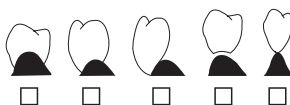
☐ Occlusal Staining

Tooth Number (s) _____

Restoration

- ☐ Crown ☐ Inlay/Onlay
☐ Veneer ☐ Post & Core
☐ Bridge

Pontic Design



Design Details

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

*Additional Charge

All-Ceramic

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

Composites / Temp

- ☐ Gradia
☐ Suntech Temporary Crown

PFM Crowns

- ☐ Non-Precious
☐ Semi-Precious White Gold
☐ High Noble White Gold
☐ High Noble Yellow Gold

Full Cast

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

Implant Abutments

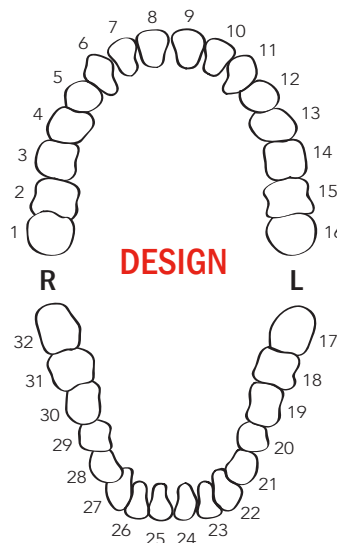
- ☐ Stock
☐ Custom Milled
☐ Engaging
☐ Non-Engaging
☐ Screw Retained

☐ Titanium

☐ Zirconia w/Ti insert - Hybrid

Implant System

Of Attachments _____ Diameter _____



If an adjustment is needed:

- ☐ Adjust opposing
☐ Adjust abutment
☐ Call the office

DOCTOR SIGNATURE (see reverse for warranty details)

License# _____

Patient's Name _____

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

LAB USE	<input type="checkbox"/> IMPRESSION	<input type="checkbox"/> WAXUP	<input type="checkbox"/> DENTURE	<input type="checkbox"/> CROWN
	<input type="checkbox"/> ARTICULATOR	<input type="checkbox"/> BITE	<input type="checkbox"/> FRAMEWORK	<input type="checkbox"/> PAYMENT
	<input type="checkbox"/> MODELS	<input type="checkbox"/> BITE BLOCK	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> CASES
	Postage <input type="checkbox"/> REGULAR <input type="checkbox"/> OVERNIGHT			

REMOVABLE RESTORATIONS

Check all that apply ☐ Upper ☐ Lower ☐ Try-in ☐ Finish ☐ Cusil Style
☐ Denture ☐ Immediate/Surgical Denture ☐ Bite Block

Try-in required for cases with open end saddles or missing more than 6 teeth or warranty is void

Extraction Tooth # _____ ☐ Extract All ☐ Extract Now ☐ Extract After Try-In

Teeth ☐ Stock (Included) ☐ IPN Portrait* ☐ Gold Open Face* ☐ Full Gold*

Tooth Shade _____

*Additional Charge

Sunflex Partials

- ☐ Sunflex
☐ Sunflex Cast Frame Combo
☐ Sunflex Vitallium 2000+ Frame Combo
☐ Sunflex Unilateral (Maximum 2 Teeth)

Sunflex Shade

- ☐ Light Pink
☐ Pink (Default)
☐ Medium Meharry
☐ Dark Meharry

Clasp Type

- ☐ Cast* ☐ Wire*
☐ Flexible* ☐ SunClear*
(Can NOT combine SunClear clasps with SunFlex)

Reinforcement

- ☐ Wire* ☐ Mesh*

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 (Default)
☐ Light Pink
☐ Light Meharry
☐ Medium Meharry
☐ Dark Meharry

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)

Metal Frameworks

- ☐ SunCast Framework Only
☐ Vitallium 2000+ Framework Only

Valplast Partials

- ☐ Valplast
☐ Valplast Cast Combo
☐ Valplast Vitallium 2000+ Combo

Sunclear Frameworks

- ☐ Framework Only

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

Other

Repair

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

Night Guards/ Bite Splints

- (Upper unless specified)
☐ 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 09/20