NDX RELIANCE®

DENTAL LABORATORY WORK AUTHORIZATION

saber dental studio
803 w. college avenue
waukesha, wi. 53186
1-262-542-5100

Dr. _____

Address _____

Phone: _____ Date: _____

INSTRUCTIONS: ☐ **Return for Die-Trim**

Patient Name: Last ☐☐☐☐☐☐☐☐☐☐☐☐ First ☐☐☐☐☐☐☐

AGE _____ SEX _____

TYPE OF METAL

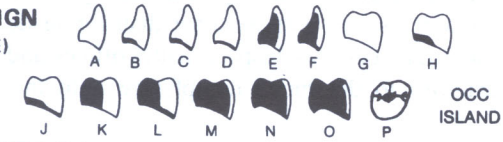
PORCELAIN:
- NP ☐
- White Gold ☐
- Yellow Gold ☐
- Palladium Base ☐

FULL CAST:
- NP ☐
- Yellow Gold ☐
- Palladium ☐

COSMETIC:
- CAPTEK ☐
- EMPRESS ☐
- ERIS ☐
- PROCERA ☐
- MILLED ☐

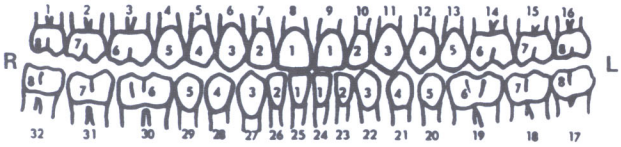
TO ASSIST IN ACHIEVING THE DESIRED QUALITY WE WOULD LIKE A STUDY MODEL FOR LARGE ANTERIOR CASTS

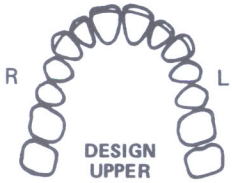
PORCELAIN DESIGN
(PLEASE CIRCLE)

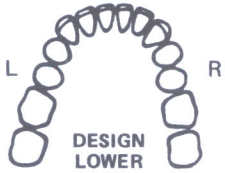


TEETH: Anterior: Porcelain _____ Plastic _____
Shade and Molds _____
Posterior: Porcelain _____ Plastic _____
Shade and Molds _____

BASE MATERIAL: _____
OTHER MATERIAL: _____







CERTIFIED DENTAL LABORATORY

GENERAL LABORATORY INFECTION CONTROL COUNCIL · CERTIFIED · INFECTION CONTROLLED

For Lab Use Only

☐ CB	☐ Opp Mod
☐ Imp	☐ Work Mod
☐ ART/Mod	☐ Study Mod
☐ Bite	☐ Coupon
☐ Crown	☐ Partial
☐ Photo	☐ Denture

PONTIC DESIGN

RIDGE RELIEF
☐ NONE ☐ SLIGHT
☐ MED. ☐ HEAVY

INTERPROXIMAL CONTACTS
☐ OPEN ☐ CLOSED

FACIAL GING. COLLAR
☐ YES ☐ NO

PORCELAIN BUTT SHOULDER
☐ YES ☐ NO

License No. & State _____

Signature _____

DATE TO BE RETURNED _____

Time _____