

**Doctor Name and Address:**

**Patient Name:**

\_\_\_\_\_ First \_\_\_\_\_ Last

**Due by 5PM on:** \_\_\_\_\_  Rush

Enclosed:  Impression  Models  Bite  Other

Please Send:  Rx  Bags  Boxes  Shipping Labels

**Tel:**



**STREAMLINE DENTAL**  
 237 W. 37th St. 2nd Floor New York, NY 10018  
 StreamlineDental.com  
**Call: 212-643-1620**  
**Fax: 866-316-9571**

*For Streamline Dental Lab Use Only*

Client agrees to be bound by terms and conditions and remake policy as listed on www.StreamlineDental.com.  
Terms: Net 30 days or as stated on invoice. 2% service charge on past due balance.

**Material Selection** (Standard working days in lab. Working times are not guaranteed.)

<b>FIXED</b>	<b>ZIRCONIA</b> <input type="checkbox"/> Full Strength Zirconia* (5) <input type="checkbox"/> HT Multi-Layer Anterior Zirconia (5) <input type="checkbox"/> PFZ - Porcelain to Zirconia (9)	<b>PFM</b> <input type="checkbox"/> PFM Non Precious* (Nickel Free) (9) <input type="checkbox"/> PFM Semi-Precious 25 Noble (9) <input type="checkbox"/> PFM White Gold 40 High Noble (9)
	<b>EMAX</b> <sup>®</sup> <input type="checkbox"/> Emax Crown (9) <input type="checkbox"/> Emax Onlay / Inlay (9) <input type="checkbox"/> Emax Veneer (9) <input type="checkbox"/> Diagnostic Waxup + Temp Stent (9)	<b>FULL CAST</b> <input type="checkbox"/> Yellow Gold 2 Noble* (9) <input type="checkbox"/> Yellow Gold 52 High Noble (9) <input type="checkbox"/> White Non-Precious (9) <input type="checkbox"/> White Semi-Precious Noble (9)
	<b>SCREW RETAINED CROWNS</b> <input type="checkbox"/> Zirconia w/ Ti-Base Screw Retained (9) <input type="checkbox"/> PFM Non-Precious Screw Retained (11) <input type="checkbox"/> PFM Semi-Precious Screw Retained (11) <input type="checkbox"/> PFZ with Ti-Base Screw Retained (11)	<b>CUSTOM ABUTMENTS</b> <i>(Select crown material from options above)</i> <input type="checkbox"/> Titanium* (8) <input type="checkbox"/> Zirconia with Ti-Base (8) <input type="checkbox"/> Non-Precious with UCLA (10) <input type="checkbox"/> Semi-Precious with UCLA (10)
<b>IMPLANTS</b>	<b>FULL ARCH SCREW RETAINED</b> <input type="checkbox"/> Verification Jig + Custom Tray + Bite (7) <input type="checkbox"/> Wax Setup Try In with Ti-Bases (7) <input type="checkbox"/> Screw Retained Acrylic Provisional (9) <input type="checkbox"/> Screw Retained <input type="radio"/> PFM <input type="radio"/> Zirconia (11)	<b>PROVISIONALS</b> <input type="checkbox"/> Premium Temps (5) <input type="checkbox"/> Standard Temps (9) <input type="checkbox"/> Screw Retained Temps (9) <input type="checkbox"/> Cement Retained Temps (9)
	<b>FLIPPERS / NESBITS</b> <input type="checkbox"/> Acrylic 1 Tooth (3) <input type="checkbox"/> Acrylic 2-4 Teeth (3) <input type="radio"/> Add Flexi Clasp <input type="checkbox"/> Flexi Nesbit 1 Tooth Unilateral (4) <input type="checkbox"/> Flexi 2-4 Teeth Unilateral (4)	<b>NIGHT GUARDS</b> <input type="checkbox"/> Hard/Soft Comfort (5) <input type="checkbox"/> Hard Only (5) <input type="checkbox"/> Soft (5) <input type="checkbox"/> Bleaching Tray (5)
	<b>FULL DENTURES</b> <input type="checkbox"/> Custom Tray (3) <input type="checkbox"/> Bite Block (3) <input type="checkbox"/> Wax Setup Try In (5) <input type="radio"/> Premium Teeth <input type="checkbox"/> Lucitone <sup>®</sup> Finish (5) <input type="radio"/> Add Mesh <b>IMMEDIATES:</b> <input type="checkbox"/> Immediate Denture (5) <input type="radio"/> Add Mesh <input type="checkbox"/> Duplicate Denture (5) <input type="radio"/> Add Mesh	<b>PARTIAL DENTURES</b> <input type="checkbox"/> Custom Tray (3) <input type="checkbox"/> Bite Block (3) <input type="checkbox"/> Wax Setup Try In (5) <input type="radio"/> Premium Teeth <input type="checkbox"/> Lucitone <sup>®</sup> Finish (5) Clasps: <input type="radio"/> Wrought Wire <input type="radio"/> Flexi <input type="checkbox"/> Flexi Finish (5) <input type="checkbox"/> Immediate Partial (5) <input type="radio"/> WW <input type="radio"/> Flexi
<b>REMOVABLES</b>	<b>OVERDENTURES / HYBRIDS</b> <input type="checkbox"/> Custom Tray (3) <input type="checkbox"/> Bite Block (3) <input type="checkbox"/> Cast Meshwork Frame (9) <input type="radio"/> Add Bite Rim <input type="checkbox"/> Bar Try In (9) <input type="radio"/> Hader <input type="radio"/> Screw Retained <input type="checkbox"/> Wax Setup Try In (5) <input type="radio"/> Premium Teeth <input type="checkbox"/> Lucitone <sup>®</sup> Acrylic Finish (5)	<b>CAST PARTIAL DENTURES</b> <input type="checkbox"/> Cr-Co Framework (9) <input type="radio"/> Add Bite Rim <input type="checkbox"/> Vitallium <sup>®</sup> 2000 Frame (9) <input type="radio"/> Add Bite Rim Major Connector: U: <input type="radio"/> AP Strap <input type="radio"/> Horseshoe <input type="radio"/> Palatal Strap L: <input type="radio"/> Lingual Bar <input type="radio"/> Lingual Plate Rests: _____ Clasps: _____ ERA: _____ Hader Bar: _____
	<b>REPAIRS / RELINES</b> (3 or Rush) <input type="checkbox"/> Add Tooth <input type="checkbox"/> Add Clasp <input type="radio"/> WW <input type="radio"/> Flexi <input type="checkbox"/> Fracture <input type="checkbox"/> Reline <input type="checkbox"/> Weld <input type="checkbox"/> Add Mesh	<input type="checkbox"/> Wax Setup Try In (5) <input type="radio"/> Premium Teeth <input type="checkbox"/> Lucitone <sup>®</sup> Finish (5) <input type="radio"/> Add Flexi Clasps <input type="checkbox"/> Flexi Finish (5)









**Crown Preferences**

**OCCLUSAL CONTACT**  
 Normal\*  Light  Out of Occlusion

**IF SHORT ON OCCL. SPACE**  
 Adjust Opposing\*  
 Contact Doctor  
 Reduce Prep & Mark Model  
 Metal Stop or  Metal Occlusal






**OCCLUSAL STAIN**  
 None\*  Light  Medium  Dark

**INTERPROXIMAL CONTACTS**  
 Normal\*  Tight  Broad




**PFM DESIGN**  
 Posterior  \*        
 Anterior  \*      

**Implant Preferences**

**PONTIC / IMPLANT CROWN DESIGN**

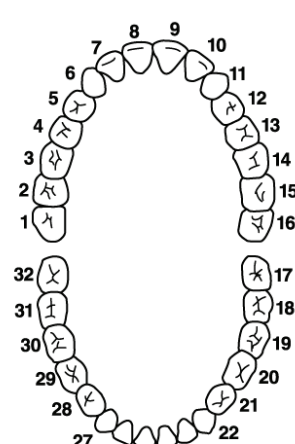
\*    

**ABUTMENT DESIGN**

\*  

**IMPLANT BRAND**  
 System Name: \_\_\_\_\_  
 Interface Size: \_\_\_\_\_

**Rx**



**SHADE:**

**STUMP COLOR:** \_\_\_\_\_  
 Gin: \_\_\_\_\_  
 Bod: \_\_\_\_\_  
 Inc: \_\_\_\_\_

**Gingiva**  Original\*  Light Pink  
 Light Dark  Dark

*For patient photos, please email: support@streamlinedental.com  
 For digital case files, please email: digital@streamlinedental.com  
 Please include patient identifier in subject.*

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