SATISFACTION DENTAL LABORATORIES
Your Full Service, Certified Dental Laboratory

161 N. Edison Ave. Elgin, IL 60123
847.742.4710 Fax 224-856-5790

Dr. Name _____

Dr. Phone _____ ***Call Doctor*** _____

Patient _____

Deliver by _____

Enclosed: __Impressions __Models __Bite __Photos

FIXED RESTORATIONS

Zirconia Tooth # _____

❑ Zirconia Solid ❑ Zirconia Layered

❑ Solid Lingual ❑ IPS e.max

All Ceramic Tooth # _____

❑

Porcelain fused to Metal Tooth # _____

❑ **Full Cast** Tooth # _____

IMPLANT RESTORATIONS

Custom Abutment

❑

Custom Abutment Material

❑

Screw Retained

❑

PROVISIONAL RESTORATIONS

❑

❑

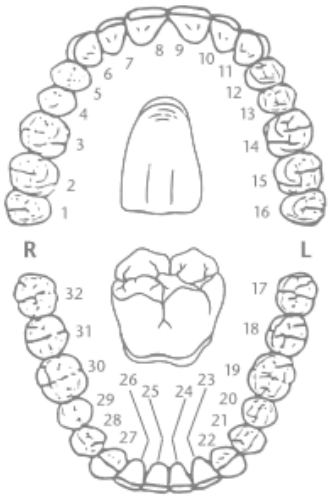
❑

❑

RX SPECIFIC INSTRUCTIONS

Prep Date _____

Shade _____



REMOVABLE RESTORATIONS

Metal Free Partials

❑ Valplast ❑ Acrylic ❑ Immediate ❑ Custom Flex

Denture

❑ Premium

Cast Partials

❑

Dentists License Number _____ Date _____

Signature _____