



Springfield
DENTAL LAB

Springfield Dental Lab
555 B Street
Springfield, OR 97477
(541) 726-1969 • (541) 513-9869

FIXED

Doctor _____ Patient _____

Address _____ Age ___ M F

City _____ State _____ Zip _____

Phone (_____) _____ Date _____

Due Date
 Express Service (Add'l Fee)

Cases will be delivered
by 5:00pm on due date

ALL CERAMIC RESTORATIONS

Full Contour Zirconia **Lithium Disilicate**

___ Standard Zirconia ___ Cutback + Stacked

___ STZ ___ Monolithic

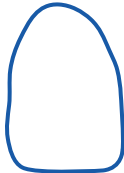
(Super Translucent Zirconia)

Porcelain to Zirconia

___ Stacked Zirconia

Shade _____

ND



Stump/Prep Shade ST

___ Finish ___ Bisque try-in ___ Frame try-in

Porcelain to Metal

___ Porc. to High Noble (white)

___ Porc. to Noble (white)

___ Porc. to High Noble (yellow)

___ Porcelain Butt Margin

Occlusal Contact

___ In Occlusion (Drags Shimstock)

___ 0.2mm Out of Occlusion (Standard)

Metal Design for PFM (Circle One)



*SDL Standard

Pontic Design Metal or Porcelain (Circle One)



*SDL Standard

Occlusal Staining

___ None ___ Medium

___ Light ___ Dark

Full Gold Crowns

Yellow Gold

___ High Noble ___ Noble

White Gold available by request (PFM Alloy)

___ Please call me ___ Photos sent to: springfielddentallab@yahoo.com

Implants: Use only OEM parts. Additional charges may apply.

Rx Number: _____

Terms: Net 30 days. **Late charge:** A penalty for late payment of 2% per month will be added to all accounts 30 days past due.

Doctor Signature _____ License Number _____