

Office name	Doctor name	Date sent	Return by (in office)	
Patient name / ID	Sex	Age	Office phone	Office email
Shipping address	City	State	ZIP code	

RESTORATION / MATERIAL

Porcelain fused to metal (PFM)
☐ Non-precious ☐ Semi-precious ☐ High noble

All-ceramic
☐ e.max crown ☐ Zirconia
☐ Inlay / onlay ☐ Veneer

Full cast
☐ Non-precious ☐ Semi (silver) ☐ High noble

Implant crown - attachments excluded
☐ Non-precious ☐ Semi-precious
☐ High noble ☐ All porcelain

Implant system / platform / component details

Additional services
☐ Porcelain butt margin ☐ Post & core
☐ Rest seat ☐ Maryland bridge

Other service / material instructions

TOOTH SELECTION / PERMANENT NUMBERING

Patient right Patient left

Upper ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16

Lower ☐ 32 ☐ 31 ☐ 30 ☐ 29 ☐ 28 ☐ 27 ☐ 26 ☐ 25 ☐ 24 ☐ 23 ☐ 22 ☐ 21 ☐ 20 ☐ 19 ☐ 18 ☐ 17

Shade Shade system / type Tooth shade / bridge & pontic details

Occlusal staining ☐ None ☐ Light ☐ Medium ☐ Dark

CONTACT / PONTIC DESIGN

Contacts
☐ Normal ☐ Heavy & broad ☐ Point

Pontic
☐ Modified ridge (standard) ☐ No contact
☐ Point contact ☐ No ridge

Anterior design ☐ 3/4 metal ☐ 1/4 metal
Lingual coverage

MARGIN / OCCLUSION

☐ Standard ☐ Full porcelain coverage

Metal occlusal:
☐ Excl. buccal cusp ☐ Incl. buccal cusp

Occlusion ☐ In ☐ Slightly out ☐ Out

If bite is tight
☐ Adjust opposing ☐ Spot prep
☐ Reduction coping ☐ Metal pad ☐ Call me

Special instructions / design notes

Doctor signature (sign after printing or use a PDF signing tool)	License number	Date authorized
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439 Spring Street, Suite 1 | Houtzdale, PA 16651

Mon-Fri 8:00 AM-5:00 PM | damoredentallab.com

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DENTURES / PARTIALS

☐ Standard denture

☐ Acrylic partial

☐ Metal-based partial

☐ Vitallium metal partial

☐ Metal partial / Valplast clasp

☐ Metal framework

☐ Premium denture

☐ Flipper

☐ Flexible partial

☐ Premium partial

☐ Valplast

☐ Vitallium metal framework

Arch

☐ Upper

☐ Lower

Stage

☐ Wax rim

☐ Set up

☐ Try-in

☐ Finish

Clasp

☐ Wire

☐ Ball

Other clasp / design

Shade

Mould

Tooth numbers

Papillameter rest (mm)

Smile (mm)

Alameter (mm)

Overbite (mm)

Overjet (mm)

☐ Name in denture / partial

Name to print

APPLIANCES / ADDITIONAL SERVICES

☐ Hard night guard

☐ Bilateral space maintainer

☐ Bleaching tray

☐ Custom tray

☐ Process denture

☐ Repair

☐ Soft night guard

☐ Unilateral space maintainer

☐ Retainer (per arch)

☐ Duplicate model

☐ Process partial

☐ Add tooth / teeth

Appliance arch

☐ Upper

☐ Lower

Other service / Valplast partial design / repair details

Special instructions / tooth positions / design sketch

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