

AUTHORIZED 3M ESPE Lava™ MILLING CENTER

POLARIS

DENTAL LABORATORY

16737 Parkside Ave.
Cerritos, CA 90703



TEL. (714) 937-1563
FAX. (714) 978-3012

LAB USE ONLY	
ALLOY TYPE	SPECIAL INSTRUCTION :
Gold Weight : _____ dwt	

DR'S NAME _____ Phone # () _____
PLEASE PRINT CLEARLY

ADDRESS _____

Patient _____ Sex : ☐ M ☐ F Age : _____

Due Date : _____ / _____ / _____

* Please make sure that the due date is 1~2days before Pt's appointment date.

Porc. Fused to Metal ☐ Bio 90 ☐ Yellow Gold ☐ White Gold ☐ Semi-Precious ☐ Non-Precious	All Ceramic Crown ☐ Lava ☐ Essential ☐ Porc. In/ Onlay ☐ Ceramage In / Onlay ☐ Ceramage	IMPLANT Abutment System _____ ☐ Cement Type ☐ Screw Type ☐ Stock Abutment ☐ Custom Abutment ☐ Titanium ☐ Zirconia (Hybrid) Margin Depth _____ ☐ Transfer Jig
SHADE	CAD/CAM Full Contour ☐ IPS E.max ☐ BruxZir	Collar Type ☐ No Collar ☐ Lingual Only ☐ MDL ☐ 360°

Rx DESCRIPTION :

Porc. Butted Margin ☐ Buccal Only ☐ 360°				
If No Occ. Clearance ☐ Metal Occ. ☐ Metal Island ☐ Reduction Coping ☐ Spot Opposing				
<table> <tr> <td> Occ. Bite ☐ in Occ. ☐ 2 tape out ☐ Out of Occ. </td> <td> Occ. Stain Yes Light No </td> </tr> </table>	Occ. Bite ☐ in Occ. ☐ 2 tape out ☐ Out of Occ.	Occ. Stain Yes Light No		
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<table> <tr> <td>Contact</td> <td>T</td> <td>M</td> <td>L</td> </tr> </table>	Contact	T	M	L
Contact	T	M	L	
Pontic Design 				
Night Guard ☐ Talon ☐ Hard / Soft ☐ Hard ☐ Soft				

Signature : _____ Date : _____

* Term : All accounts are payable within 15 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. status and a late charge of 2% of the unpaid balance. After 60 days the late charge will increase to 15% and the account will be suspended. All cases will be put on hold at this point Price subject to change without notice



DR'S NAME _____ Phone # () _____

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ADDRESS _____

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Dentures

- ☐ Premium
☐ Basic

Implant Overdentures

- ☐ Hader Bar (Casted)
☐ Hader Bar (Milled)
☐ Locator
☐ Other

Combo Partial

- ☐ TCS with Metal Frame
☐ Valplast with Metal Frame

Acrylic Partial

- ☐ 1 to 3 Teeth

☐ 4 to 6 Teeth

☐ 7 to 14 Teeth

Immediates

- ☐ Extracting all teeth
Extract # _____

Relines & Repairs

- ☐ Reline
☐ Reline (Soft)
☐ Reline (Suction-Cup)
☐ TCS Reline

Non-Metal Partial

- ☐ TCS Flexible
☐ Valplast

Implant Screw Retained Dentures

- ☐ Hybrid with Titanium Bar
☐ BruxZir Hybrid Bridge
☐ Other _____

Cast Partial

- ☐ Vitallium 2000
☐ Ticonium

Nightguards / Sleep

- ☐ Hard Nightguard
☐ Hard / Soft Nightguard
☐ Talon Nightguard
☐ Soft Nightguard
☐ Snoring Device

Denture Accessories

- ☐ Custom Tray
☐ Bite Block
☐ Name in Denture
☐ Mesh Reinforcement
☐ Metal Cast Palate

- ☐ Acrylic Repair
☐ Metal Repair
☐ TCS Repair

Due Date : ____ / ____ / ____

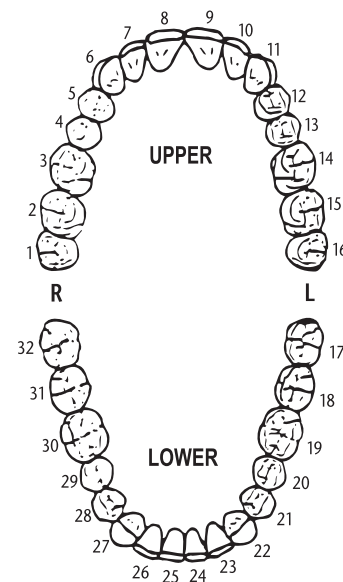
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REMOVABLE



- ☐ FULL ☐ PARTIAL ☐ UNILATERAL

SHADE: _____



All Restorations
Made in the USA

Signature : _____ Date : _____

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