

1 Doctor's Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Fax _____
 Email _____

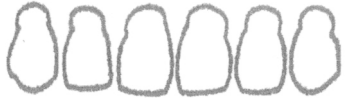


**DENTAL QUEST
 LABORATORY, INC.**

495 Kings Highway, Valley Cottage, NY 10989
 Phone: (845) 268-6035 • Fax: (845) 268-2288
 dentalquest@optonline.net • www.dentalquestlabs.com

Patient's Name _____
 Deliver by _____
 Please call at: _____

2 CERAMIC SHADE INSTRUCTIONS

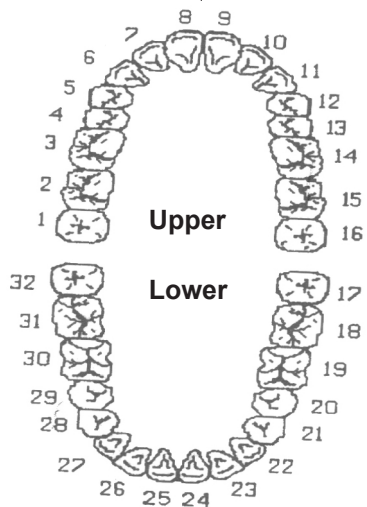


Shade Guide _____

Shade _____

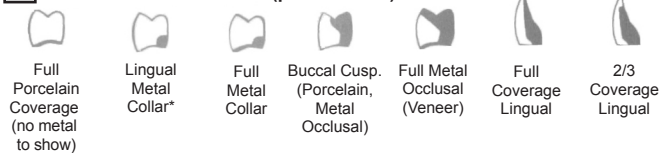
3 TOOTH NUMBER(S)/CASE DESIGN

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17



Restoration on tooth #: (Circle for restoration, X for pontics)

4 COPING DESIGN (please circle)



5 CONTACTS



Normal

Heavy & Broad

Point

6 PONTIC DESIGN



Modified Ridge (standard)

No Contact

Point Contact

No Ridge

7 SERVICES

- COPINGS
 Non-Precious (NI, Cr)
 Non-Precious (No NI or Be)
 Titanium "Tilite"
 White Gold
 Yellow Gold

- PFM PORCELAIN TO METAL
 Non-Precious (NI, Cr)
 Non-Precious (No NI or Be)
 Titanium "Tilite"
 White Gold
 Yellow Gold

- FULL CAST
 Non-Precious
 Titanium
 White Gold
 Yellow Gold

- METAL FREE
 Empress 2" Crown
 Empress 2" Veneer
 Empress 2" Inlay/Overlay
 Wol-Ceram® Alumina
 Wol-Ceram® Zirconia
 Cercon® Zirconia
 IPS E.Max®

- ADDITIONAL SERVICES
 Porcelain Butt Margin _____
 Metal Occlusal _____
 Occlusal Rest Seat _____
 Maryland Bridge _____
 Cantilever _____
 Splinted _____
 Post & Core _____

8 REMOVABLE RESTORATIONS

Shade _____ Shade Guide _____
 (CIRCLE SHADE #) 59 62 65 66 67 69 77 81
 (CIRCLE TISSUE SHADE) Light Pink Pink Ethnic Clear

- CHECK APPROPRIATE BOXES
 Full Partial Nesbit Unilateral Try In Finish
 Reset

____upper arch
 ____lower arch

- PARTIALS
 Flexible (Valplast-TCS-Flexstar-Quest Flex)
 Premium Cast
 Partials/Complete
 Metal Frame &
 Flexible Denture
 Transitional

- TREATMENT PARTIALS
 Flipper-1 tooth
 Stayplate-2 to 5 teeth
 Acrylic Partial 6+ teeth

- DENTURES
 Standard
 Premium

- CUSTOM TEETH*
 Standard Resin Teeth
 IPN Portrait Teeth

- IMMEDIATES
 Extract All
 Extract Tooth # _____

- REMOVABLE EXTRAS
 Bite Rims Repair
 Bite Blocks Cusil
 Reline Custom Tray
 Hard Nightguard Soft Nightguard
 Weld Fracture Softliner

- ATTACHMENTS
 Rhein ERA Hader Bar

- MAJOR CONNECTOR
 Lab Select Lingual Bar
 Lingual Plate Horseshoe
 Palatal Bar Full Palate
 Double Palatal Bar

- DESIGN CLASPING
 Lab Select RPI Wrought
 Roach Akers
 Hidden Other _____

- CLASP TYPE
 Cast Wire

- REINFORCEMENT
 Wire None Mesh Bar
 Cast Metal Frame

9 SPECIAL INSTRUCTIONS

Dr.'s Signature: _____ DDS License #: _____ Date: _____