# Blue Diamond
## Dental Laboratory
4 Frank Leary Way, Unit 2
Randolph, MA 02368
**Tel : 508.316.6222**

**Rx Date :**

**Date Due in Office :**

(Deliver By 5PM)

Doctor's Name _____ (Please Print)

Doctor's Address _____

☐ **M**  ☐ **F**

Patient's Name _____

Sex _____ Age _____

## FIXED RESTORATIONS (Please ☑)

| PFM | Full Cast Metal | All Ceramic |
|---|---|---|
| ☐ Non-Precious | ☐ Full Cast Yellow Gold | ☐ E.max Pressed |
| ☐ Semi-Precious | ☐ Full Cast White Gold | ☐ Zirconia |
| ☐ High Noble | ☐ Full Cast Non-Precious | ☐ Full Contour Zirconia |
| | ☐ Full Cast Semi-Precious | ☐ Veneer |

**Anteriors**
- ☐ Metal Coping
- ☐ Metal Lingual
- ☐ 3/4 Metal lingual

**Posteriors**
- ☐ Metal Coping All porcelain coverage
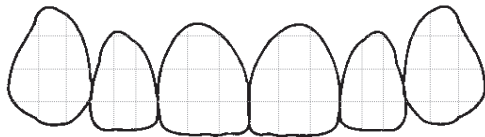- ☐ Metal Occlusal Excluding buccal cusp
- ☐ Metal Occlusal Including buccal cusp

**Lingual / Buccal Margin** (Circle One)
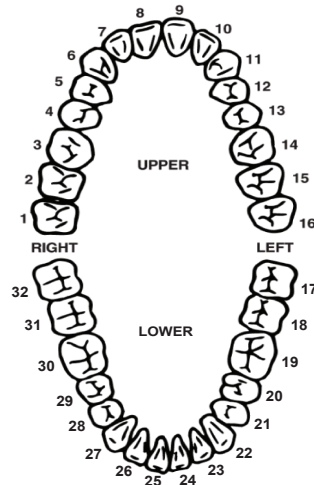- ☐ Metal Margin Hairline or _____ mm
- ☐ Porcelain Butt Margin
- ☐ No Metal Showing

## Shade _____

### If Insufficient Room:
- ☐ Reduce & Mark Prep
- ☐ Reduce & Mark Opposing
- ☐ Reduction Coping
- ☐ Call Me



## REMOVABLE RESTORATIONS (Please ☑)

### Dentures
- ☐ Custom Tray
- ☐ Base Plate/Wax Rim
- ☐ Combo Tray w/ Wax Rim
- ☐ Economy Denture
- ☐ Premium Denture
- ☐ Transitional Denture
- ☐ Immediate Denture
- ☐ Denture Set-Up
- ☐ Denture Finish

### Metal Partials
- ☐ Standard Partial
- ☐ Deluxe Partial (Vitallium 2000)
- ☐ Frame with Valplast Clasps
- ☐ Frame Try-In
- ☐ Wax Try-In with Teeth
- ☐ Bite Block
- ☐ Finish

### Acrylic Partials
- ☐ Acrylic Partial Flipper
- ☐ Acrylic Partial w/ Clasp
- ☐ Unilateral (NESBIT)
- ☐ Metal / Acrylic

### Flexible Partials
- ☐ Valplast ™
- ☐ Unilateral Valplast ™
- ☐ Clear Frame
- ☐ Set-Up
- ☐ Finish

### Shade

**Acrylic**
- ☐ Standard
- ☐ Light Pink
- ☐ Meharry

**Flexible**
- ☐ Pink
- ☐ Meharry

Tooth Shade _____

Tooth Mold _____

Tooth Make _____

### Repairs / Relines

**Relines**
- ☐ Hard   ☐ Soft

**Repairs**
- ☐ Tooth   ☐ Fractures
- ☐ Clasp

### Specialty Products
- ☐ Hard Clear Nightguard
- ☐ Hard / Soft Nightguard
- ☐ Bleaching Tray
- ☐ Vacuum Nightguard

**℞ SPECIFIC INSTRUCTIONS :**

Dr. Signature _____ License # _____