

DENTAL METRICS

LABORATORY INC.

68323 LEA STREET STE. B • IRON RIVER, WI 54847
merlyn@dentalmetricslab.com • dentalmetricslab.com

715-372-4165

FROM: _____ DATE SENT: _____

CLINIC: _____ APPT. DATE: _____

TYPE OF RESTORATION

FIXED

PATIENT NAME: _____ AGE: _____



SHADE: _____
STUMP SHADE: _____

ALL CERAMIC

- ZIRCONIA
- ZIRCONIA CUT BACK & LAYER
- E-MAX
- E-MAX CUT BACK & LAYER

METAL

- PFM/HIGH NOBLE
- GOLD HIGH NOBLE
- GOLD NOBLE

IMPLANTS

- | BRAND | SIZE |
|---|--|
| <input type="checkbox"/> TITANIUM | TISSUE CONTOUR
<input type="checkbox"/> BLANCHING
<input type="checkbox"/> NON-BLANCHING |
| <input type="checkbox"/> ZIRCONIA | |
| <input type="checkbox"/> CUSTOM | |
| <input type="checkbox"/> STOCK | |
| <input type="checkbox"/> SCREW RETAINED | |
| <input type="checkbox"/> CEMENTED | |

SUB GINGIVAL MARGIN DEPTH

- DEFAULT 1MM FACIAL .75MM L / M / D
- OTHER ___ F ___ L ___ M ___ D

PONTIC DESIGN: _____
METAL DESIGN: _____

REMOVABLE

- BITE SPLINT HARD SOFT
- NIGHT GUARD/SOFT
- BLEACHING TRAY
- SPORTS GUARD STRAP
- ANTERIOR DEPROGRAMER

DIGITAL DENTURES

- MAXILLARY DENTURE
- MANDIBULAR DENTURE
- AVADENT MONOLITHIC MILLED
- AVADENT MILLED/BONDED
- IMPLANT SUPPORTED HYBRID
- IMMEDIATE DENTURE

PARTIALS

- CAST FRAME
- FLEX PARTIAL DURA FLEX VALPLAST

ATTACHMENTS

- ZEST ERA OTHER _____

NOTES:

DENTIST SIGNATURE: _____

LICENSE #: _____