



3450 W Cheyenne Ave Local (702) 850-4060
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 Las Vegas, NV 89032 RedRockDentalLab.com
 GoDigital@RedRockDentalLab.com

Dr. _____ Date _____

Address _____

Phone _____ Email _____

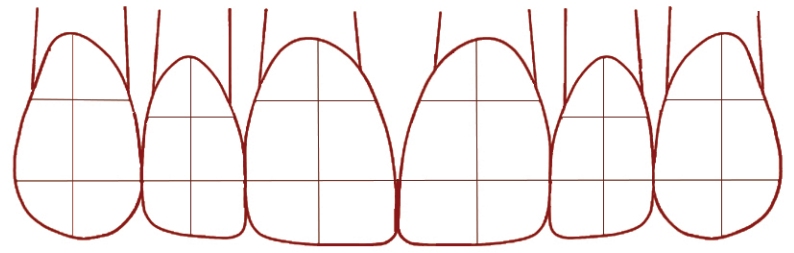
Patient _____ Male

Female

Due Date* _____
 *Please allow 10 lab days for all restorations. Some implant cases may take longer, depending on difficulty. Allow 2 additional days for shipping.

Tooth Numbers

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



Shade _____ Prep Shade _____

Value [] High [] Medium [] Low

Translucency [] Light [] Medium [] Heavy

Pit & Fissure Stains [] None [] Light [] Medium [] Heavy

INSTRUCTIONS _____

Date Received _____ Case Pan _____

Type of Restoration

Porcelain

- E.Max Lithium Disilicate
- Press to Zirconia
- Full Contour Zirconia
- Extra Translucent Full Contour Zirconia

Full Cast Metal

- High Noble (Gold Color)
- Semi-Precious (Gold Color)
- Post & Core

Composite

- Crown/Inlay/Onlay
- Post & Core

Implants

- Titanium
- Gold Hue Titanium
- Zirconia
- Cement Retained
- Screw Retained

Orthotics/Nightguards

- Removable Neuromuscular Orthotic
- Fixed Neuromuscular Orthotic
- Nightguard

Diagnostic Waxup

Uncertain - Please Call to Discuss Case

Please Send Me:

- RX's
- Boxes
- Mailing Labels

Pontic Design (circle one)

List of Items Sent

Qty	Qty	Qty
<input type="checkbox"/> Full Arch Impression _____	<input type="checkbox"/> Symmetry Bite _____	<input type="checkbox"/> Photos _____
<input type="checkbox"/> Quadrant Impression _____	<input type="checkbox"/> Opposing Model _____	<input type="checkbox"/> Previous Units _____
<input type="checkbox"/> Triple Tray Impression _____	<input type="checkbox"/> Study Model _____	<input type="checkbox"/> Implant Parts _____
<input type="checkbox"/> Bite Registration _____	<input type="checkbox"/> Diagnostic Wax-Up _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Relined Bite Stint _____		

Signature Required _____ License _____