

Dockstader

FULL SERVICE DENTAL LAB

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 Fresno, California 93711-6113
 559/439-5160



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Dr. Name: _____ **Account #:** _____
Address: _____ **Phone #:** _____
City: _____ **State:** _____ **Zip:** _____
Patient Name (Last/First): _____

FIXED PROSTHETICS
FULL-CAST RESTORATIONS

Argenco 62* (62%AU) Semi-Precious (Argelite PF+)
 Argdent Y86 (86%AU) Non-Precious
 BIO 2000 (99.7%AU)
 *Standard unless specified otherwise

REMOVABLE PROSTHETICS
DENTURES

Upper Lower Custom Tray Occlusion Rim
 Try-In Finish

TRUBYTE CLASSIC (Included at no extra charge)
 59 62 65 66 67 69 77 81
 Shade _____ Mould _____

PREMIUM BRAND TEETH (Extra charge applies)
 Shade _____ Brand _____ Mould _____

TOOTH SET-UP Ideal Characterized

PARTIALS

Gold Frame with Occlusion Rim Frame Try-In
 Frame with Teeth Try-In Finish
 Lab Select Complete Partial Design Chrome Cobalt

MAJOR CONNECTOR		CLASP OPTIONS	TOOTH #
MAXILLARY	MANDIBULAR	<input type="checkbox"/> Lab Select	_____
<input type="checkbox"/> Lab Select	<input type="checkbox"/> Lab Select	<input type="checkbox"/> Metal	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Cosmetic	_____

COMBINATION CROWNS & PARTIALS

Future Partial: _____ Vitallium _____ Attachments
 Fabricate New Partial to Fit Crown or Bridge

SUCCESS™ FLEXIBLE PROSTHETICS

Flexible Partial (teeth included) Flexible Clasps
 Flexible Splints

SPLINTS

Heat Cured Night Guard

RELINE & REPAIR

Add Clasp
 Add Tooth Tooth # _____

ENCLOSED WITH CASE

Impressions Models Bites Photos
 Other: _____

Delivery Date: _____ **Time:** _____ **Impression Date:** _____

Comments:

Signature: _____
 License #: _____

ALL-CERAMIC RESTORATIONS

Finesse Veneer Finesse Crown

PROCERA

Crowns **Custom Abutments**

Zirconia Alumina Zirconia Titanium

PFM

Male Female

Vita-Lumin _____ Vita-3D _____
 Chromoscop _____ Bioform _____
 Illumine _____

PORCELAIN FUSED TO METAL

Non-Precious High Noble Gold* Semi-Precious
 *Standard unless specified otherwise

OCCUSAL SHADE & STAIN

Cervical Shade _____ Incisal Shade _____
 Internal Shade _____ Stump Shade* _____
 *Veneers & all Porcelain Crowns only

PONTIC DESIGN

BUCCAL MARGIN DESIGN

Metal Hairline or _____ mm on Buccal
 Metal-Porcelain Junction Margin
 Porcelain Butt Margin (90° shoulder req.)

ANTERIOR DESIGN

3/4 Metal Lingual 1/4 Metal Lingual

IF NO OCCUSAL CLEARANCE

Metal Occlusion Reduction Coping Spot Opposing

Would you like this to be a permanent note in your master file?
 Yes No