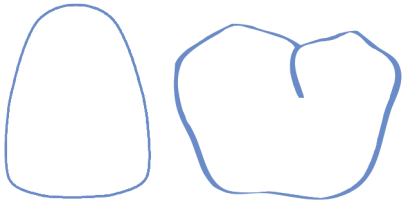
PDL
PALMA DENTAL LABORATORY
37 Industrial Park Road | Plymouth, MA 02360
781.936.8718 | 1.800.924.6025 | fax 781.936.8719
palmadental@me.com | www.palmadentallaboratory.com



Send case photos to the email address below!
casephotos@palmadentallabs.com

DR. _____ DSO/GROUP _____

STREET _____ SUITE _____

CITY _____ STATE _____ ZIP _____

PHONE ( ) _____ EMAIL _____

PATIENT NAME _____ AGE:_____ SEX: ○ M ○ F

RETURN BY END OF DAY ____/____/____ **PLEASE SEND:** ○ BOXES ○ PRESCRIPTIONS ○ SHIPPING LABELS

All Ceramics	○ E.Max ○ E.Max Layered ○ High Translucency Zirconia ○ Full Contour Zirconia ○ Layered Zirconia ○ Lava
Porcelain to Metal Restorations	○ Non-precious ○ Semi-precious ○ Yc Yellow Ceramic ○ Porcelain Labial Margin □ 180° □ 360° ○ Metal Occlusal
Full Cast Restorations	○ Non-precious ○ Semi-precious, Silver In Color ○ Yellow Gold
Full Dentures	○ Full Complete Denture ○ Immediate Denture ○ Temporary Denture ○ Duplicate Denture ○ Bite Rim ○ Custom Tray ○ Setup ○ Reset ○ Process and Finish ○ Reline ○ Repair
Partial Dentures	**Cast Frame** ○ Cast Frame ○ Precision Attachment Cast Frame **Flexible (Metal-Free)** ○ Valplast ○ Combination w/ Metal Frame ○ Clear ○ Acrylic Partial
Nightguards & Additional Removable Options	**Snoring/Sleep Appliances** ○ Hard Nightguard ○ Hard/soft Nightguard ○ Thermo Nightguard ○ Proform Mouthguard ○ Bleaching Tray ○ Ortho Retainer ○ Space Maintainer ○ Hawley Appliance
Fixed & Removable Implant	**Final Abutment Design** ○ Cement Retained ○ Titanium Abutment ○ Screw Retained ○ Zirconia Abutment ○ Ti-base **Removable Implant Restoration** ○ Overdenture/Bar ○ Fixed Bridge/All-On-4 ○ Locator Overdenture Authentic Parts? Yes ○ No ○ ○ Full-Zirconia Hybrid ○ Layered Zirconia Hybrid

SHADE:_____ **PREP SHADE:**_____ ○ **TAB ENCLOSED**

MOULD:_____

OCCLUSAL STAINING ○ NONE ○ LIGHT ○ MEDIUM ○ HEAVY

OCCLUSION ○ LIGHT ○ IN ○ OUT

PONTIC DESIGN (please circle)

POSTERIOR DESIGN

○ FULL COVERAGE - NO LINGUAL COLLAR

○ FULL COVERAGE - SMALL LINGUAL COLLAR

○ METAL OCCLUSAL - EXCLUDING BUCCAL CUSP

○ FULL METAL OCCLUSAL - W/BUCCAL CUSP

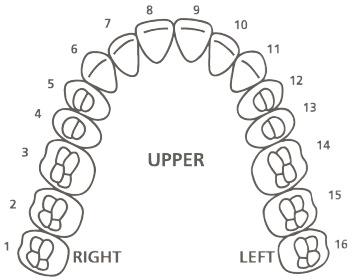
IF THERE IS INSUFFICIENT ROOM

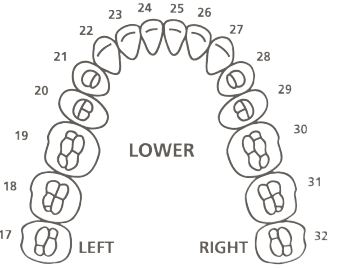
○ REDUCE AND MARK PREP ○ FABRICATE REDUCTION COPING
○ REDUCE AND MARK OPPOSING ○ PLACE METAL ISLAND ○ CALL ME

ENCLOSURES

○ IMPRESSION ○ PRE-OP STUDY MODEL ○ TEMPS MODEL ○ ANALOG
○ BITE REGISTRATION ○ PHOTO ○ SHADE DIAGRAM

TOOTH NUMBERS (please circle)





SELECT RESTORATION TYPE ○ CROWN ○ SPLINTED CROWN ○ BRIDGE ○ FULL ARCH BRIDGE ○ VENEER ○ INLAY/ONLAY

SELECT PROCEDURE ○ DESIGN/ESTIMATE ○ CUSTOM SHADE: ____ IN-LAB ____ PHOTO ○ DIE-TRIM ○ BISQUE ○ COMPLETE

○ **PLEASE CALL ME** ○ **DSO Case**

_____

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_____ _____ _____/_____/_____

SIGNATURE OF DENTIST DENTIST LICENSE # DATE