_____

S:_____

G:_____

B:_____

I:_____

☐ Photo
☐ E-Mail

Stump
_____

Ingot
_____

Transfer Die
_____

☐ Tissue

☐ Scanned
☐ Milled
☐ Zircon Coping
☐ E-Max Cad
☐ Reduct Coping

DR:_____ **CN:**_____

PT:_____ **DD:**_____

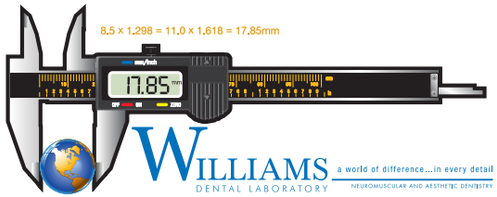
TJ:_____ ☐ _____
BJ:_____ ☐ _____

☐ Ground
☐ 2-Day
☐ NDA
☐ Int'l
☐ In NDA
☐ No 197

SPECIAL INSTRUCTIONS

Signature of Dentist **Date** **License #**

Terms: Net 15th of the month following statement date. Invoices 30+ days past due will be subject to a finance charge of 1.5% per month. Annual percentage rate of 18%. Accounts 60 days past due will automatically be subject to COD terms.



STANDARD PRESCRIPTION

7510 Arroyo Circle Gilroy, Ca 95020
Ph# (408) 842-6269 Fx# (408) 842-5002
Toll Free: 800-713-5390
www.WilliamsDentalLab.com

DOCTOR INFORMATION	PATIENT INFORMATION
Doctor: _____	Last Name: _____
Address: _____	First Name: _____
City, St, Zip: _____	Sex: _____
Phone: ( ) - _____	Age: _____
E-Mail: _____	Patient's Appt Date/Time: _____

Return by 5pm On: _____

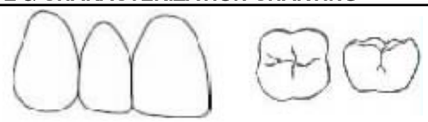
Type of Restoration	Indicate Teeth Number(s)/Arch
☐ Diagnostic Wax-Up	_____
☐ LVI Fixed Orthotic	_____
☐ Removable Neuromuscular Orthotic	_____
☐ e.max, Empress	_____
☐ Zirconium	_____
☐ belleGlass/Sinfony/Cristobal	_____
☐ Porcelain to Metal	_____
☐ Full Cast Gold	_____
☐ Implant	_____
☐ Future Partial	_____
☐ Other _____	_____

Occlusal Surface	Buccal Margins	Type of Metal	
☐ Metal	☐ Feather Margin	☐ Non-Precious	☐ High Noble White
☐ Porcelain	☐ Metal Band	☐ Semi-Precious	☐ High Noble Yellow
	☐ Porc Butt Shoulder	☐ Titanium	

Opposing Teeth to be Restored: ☐ Yes ☐ No ☐ Relieved

SHADE & CHARACTERIZATION CHARTING

Gingival: _____
Body: _____
Incisal: _____
Stump: _____



Central Length MM

Checklist

___ U/L Impressions	___ Relined Bite Stent	___ Call Before Proceeding
___ U/L Models	___ Photos	___ Send Prescriptions
___ Opposing Models	___ Shade	___ Send Mailing Labels
___ Approved Temp Models	___ Smile Design	___ Disinfect Every Case
___ Diagnotic WaxUps	___ Horizontal Reference	___ Other _____
___ Bite(s)	___ Manage the Bite Form	

IMPRESSIONS		MODELS	
	U-FA		U-FA
	L-FA		L-FA
	U-3/4		U-FA-M-M
	L-3/4		L-FA-M-M
	U-ANT		U-3/4
	L-ANT		L-3/4
	U-QUAD		U-3/4-M-M
	L-QUAD		L-3/4-M-M
	FA-3-T		U-QUAD
	Q-3-T		L-QUAD
	*PARTIAL IN IMPRESSION		U-M-QUAD
	*PICK UP IMPRESSION		L-M-QUAD

BITES AND HORIZONTAL REFERENCES					
		Centric Bite (thin)			Fox Plane
		Myo or Tens Bite (thick)			Bite Fork
		Kois (with plastic)			Bite Stent (relined)
		Symmetry Bite			Cranial Base (relined)
		Stick Bite			Palatal (relined)
		Yaw Bite			Wax Bite
		Sapphire Bite			

DIAGNOSTICS			
	U-PRE-OP MODEL		L-FA-M-M-FIXED ORTH
	L-PRE-OP MODEL		BITE STENT unlined
	U-TEMP MODEL		PALATAL
	L-TEMP MODEL		REDUCTION GUIDE
	U-TEMP IMPRESSION		CRANIAL BASE
	L-TEMP IMPRESSION		U-SILTECH
	U-FA-M-M-DX WX		L-SILTECH
	L-FA-M-M-DX WX		DUAL SILTECH
	U-FA-M-M-FIXd ORTH		CLEAR VACCUMFORM

DENTURES			
	U-M-EDENTULOUS		U-DENTURE
	L-M-EDENTULOUS		L-DENTURE
	U-I-EDENTULOUS		U-PARTIAL
	L-I-EDENTULOUS		L-PARTIAL
	U-CT		U-STAYPLATE
	L-CT		L-STAYPLATE
	U-B/R		U L HADER BAR
	L-B/R		U L HYBRID
	U-FRAMEWORK		ERA
	L-FRAMEWORK		ERA HOUSING
	U-SET-UP		SWISS LOCK
	L-SET-UP		Facial and/or Incisal Guide

ATTACHMENTS	
	MANAGE THE BITE
	PHOTOS
	EMAIL
	SHADE MAP
	DR'S NOTES
	SMILE GUIDE
	CD
	FLASH DRIVE
	EMPRESS
	ZIRCONIUM
	PFM
	FGC
	BELLE
	NMO
	CALIPER/COMPASS
	SHADE TABS
	OLD MODEL WORK
	DR'S OWN ARTICULATOR & TYPE

OTHER	

DR	WDL	IMPLANT PARTS
		IMPLANT COPING
		COPING SCREW
		ANALOG
		METAL ABUTMENT
		ABUTMENT SCREW
		PLASTIC SLEEVE
		ZIRC ABUTMENT
		HEALING ABUTMENT
		LOCATOR HOUSING

___ INV & CLEAN
___ ENTER
___ MARK #'S
___ MODEL & DIE
___ WAX-CAST
___ WEIGH
___ SEAT CROWN
___ OPAQUE
___ METAL FINISH
___ PORCELAIN
___ QC CHECK
___ Trimmed solid model
___ Extra solid if anterior case or bridge

___ Extra die if FGC
___ Extra die for packing core
___ Transfer die(s) numbered plus note included

___ Working model numbered
___ Working dies numbered and correctly lettered

___ Articulation rechecked
___ Bite used
___ Articulation pin # recorded
___ Acculiner transfer Stratos

___ Pin exposed @ bottom of base
___ Model & pins clean
___ Model & base flush

___ Temp model trimmed
___ Mounted
___ Occlusal index

___ Anterior Dies protected
___ Dies checked in microscope and compared with solid
___ Lab slip signed

Checked

Checked