



**Colonial Dental Studio**  
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**PORCELAIN FUSED TO METAL**

- NP
- NP (Nickel Free)
- Semi-Precious (Noble Crown NF)
- Semi-Precious (Argelite 61)
- High Noble White (Argedent Euro, Au 40%)
- High Noble Yellow (Argedent 75, Au 75%)
- Captek Nano

**ALL METAL**

- NP
- NP (Nickel Free)
- Noble White (Argenco W+)
- Noble Yellow (Argenco Y+)
- Noble Yellow (Argenco 40, Au 40%)
- High Noble Yellow (Argenco 58, Au 58%)

**ALL CERAMIC**

- |                                  |  |   |
|----------------------------------|--|---|
| <b>IPS e.max</b>                 | <b>Full Contour Zirconia</b>             | <b>Porcelain to Zirconia</b>            |
| <input type="radio"/> Monolithic | <input type="radio"/> Generic            | <input type="radio"/> Generic           |
| <input type="radio"/> Layered    | <input type="radio"/> BioZ <sup>2</sup>  | <input type="radio"/> BioZ <sup>2</sup> |
|                                  | <input type="radio"/> cubeX <sup>2</sup> | <input type="radio"/> cubeONE           |
|                                  | <input type="radio"/> BruxZir            | <input type="radio"/> Lava Plus         |
|                                  | <input type="radio"/> Lava Plus          | <input type="radio"/> Lava Plus         |

**CAST PARTIALS**

- |                                      |  |
|--------------------------------------|--|
| <b>Frame Only</b>                    | <b>Acrylic</b>                                     |
| <input type="radio"/> Base (CrCo)    | <input type="radio"/> Standard                     |
| <input type="radio"/> Vitallium      | <input type="radio"/> Lucitone 199 (Standard Pink) |
| <b>Stage</b>                         |  |
| <input type="radio"/> Bite Block     | <input type="radio"/> Wax Try-In                   |
| <input type="radio"/> Wax Try-In     | <input type="radio"/> Process/Finish               |
| <input type="radio"/> Process/Finish | <input type="radio"/> Partial Denture Complete     |

**NON-METAL PARTIALS**

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <b>Valplast</b>                     | <b>TCS</b>                           | <input type="radio"/> Hard Acrylic Partial |
| <input type="radio"/> Light Pink    | <input type="radio"/> Clear          | <input type="radio"/> Hard Acrylic Flipper |
| <input type="radio"/> Standard Pink | <input type="radio"/> Standard Pink  |  |
| <input type="radio"/> Meharry       | <input type="radio"/> Dark Pink      |  |
| <b>Stage</b>                        |                                      |  |
| <input type="radio"/> Wax Try-In    | <input type="radio"/> Process/Finish | <input type="radio"/> Complete             |

**FULL DENTURES**

- |  |   |
|--|---|
| <b>Conventional Acrylic</b>                        | <b>Immediate Dentures</b>                       |
| <input type="radio"/> Standard                     | extract teeth on # _____                        |
| <input type="radio"/> Lucitone 199 (Standard Pink) | from model at this time                         |
| <b>Stage</b>                                       | <b>Stage</b>                                    |
| <input type="radio"/> Wax Try-In                   | <input type="radio"/> Wax Try-In                |
| <input type="radio"/> Process/Finish               | <input type="radio"/> Process (Vertex Acrylic)  |
| <input type="radio"/> Full Denture Complete        | <input type="radio"/> Complete (Vertex Acrylic) |

**ADDITIONAL REMOVABLE SERVICES**

- |                                      |   |
|--------------------------------------|---|
| <input type="radio"/> Custom Tray    | <input type="radio"/> Space Maintainer  |
| <input type="radio"/> Rebase/Reline  | <input type="radio"/> Nightguard  |
| <input type="radio"/> Bite Rim       | <input type="radio"/> Hard <input type="radio"/> Soft <input type="radio"/> Hard/Soft |
| <input type="radio"/> Bleaching Tray |   |

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enclosed with Case**

- Impression  Models  Bite  Photo  Other \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF AUTHORIZED PERSON \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST)

PATIENT'S SEX  MALE  FEMALE AGE \_\_\_\_\_

**PLEASE SEND:**  PRESCRIPTIONS  BOXES  SHIPPING LABELS

**CROWN DESIGN**

**Service Desired**

- Bridge
- Single Unit Crown
- Splinted Crowns
- Post Core + Crown
- Post Core / Crown

**Gingival Embrasure**

- Natural
- Closed
- Opened

**Lingual/Occlusal Design**

- Lingual Collar (.5 mm height) \_\_\_\_\_mm height # \_\_\_\_\_
- Full Porcelain Coverage (No Visible Metal) # \_\_\_\_\_
- Metal Lingual (Anterior Tooth) # \_\_\_\_\_
- Metal Occlusal Excluding Occlusal Cusp (3/4 Metal Occlusal) # \_\_\_\_\_
- Metal Occlusal Including Occlusal Cusp (Full Metal Occlusal) # \_\_\_\_\_

**Proximal Contacts**

- Light
- Medium
- Heavy

**Occlusal Contact**

- Light Contact (.3 mm)
- Out .5 mm Clearance
- Full Contact (touching opp.)

**Buccal Margins**

- Metal Margin on Buccal (\_\_\_\_mm) # \_\_\_\_\_
- Porcelain Margin 180° # \_\_\_\_\_
- Porcelain Margin 360° # \_\_\_\_\_

**If Occlusal Space is Needed**

- Adjust Opposing
- Make Metal Island
- Make Metal Occlusal
- Adjust Prep & Mark Die
- Adjust Prep & Make Resin Reduction Coping
- Contact for Discussion

	<b>Tooth #</b> _____ <b>Shade</b> _____	<b>Pontic Design</b> 
	<b>Occlusal Staining</b> <input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Medium	

**REMOVABLE RESTORATION DESIGN**

**Framework Design**

- Lab Select
- See Drawing
- Lingual Bar
- Lingual Plate
- Horseshoe
- Palatal Strap
- Double Palatal Bar (AP Bar)
- Full Palate

**Clasp Type**

- Cast Clasp on # \_\_\_\_\_
- Wire Clasp on # \_\_\_\_\_
- ThermoFlex on # \_\_\_\_\_  
Shade \_\_\_\_\_
- Valplast Clasp on # \_\_\_\_\_
- I bar on # \_\_\_\_\_
- T bar / Y bar on # \_\_\_\_\_
- Akers Clasp on # \_\_\_\_\_
- Other \_\_\_\_\_
- Lab Select

**Rest**

- Mesial Rest on # \_\_\_\_\_
- Distal Rest on # \_\_\_\_\_
- Gingulum Rest on # \_\_\_\_\_

**Tooth #**  
\_\_\_\_\_

**Shade**  
\_\_\_\_\_

