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GCS DentalLab.com

Doctor _____ License #: _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Patient's Name _____ **DUE DATE:** _____
 Tooth Number(s) _____ Final Shade _____
 Stump Shade: (Required with all non-metal cases) _____

METAL	NON-METAL	IMPLANT ABUTMENT	HYBRID
<input type="checkbox"/> PFM _ SP Alloy (White) _ HN Alloy (White) <input type="checkbox"/> Full Cast _ SP Alloy (White) _ SP Alloy (Yellow) _ HN Alloy (White) _ HN Alloy (Yellow)	<input type="checkbox"/> KATANA Zi (550-1125 MPa) <input type="checkbox"/> Zi Royal Multi-layered _ Full Contour Solid (700-1100 MPa) _ PFZ -Build up Zi (700-1100 MPa) <input type="checkbox"/> Zi-Zen Solid Monolithic Zirconia (700-1100 MPa) <input type="checkbox"/> Emax (Lithium Disilicate 470 MPa) _ Full Contour _ Layered <input type="checkbox"/> PMMA Multilayered Temporary (80 MPa)	<input type="checkbox"/> Screw Retained _ UCLA _ Ti-Base <input type="checkbox"/> Cement Retained _ Titanium _ Gold Hue _ Zirconia <input type="radio"/> Genuine <input type="radio"/> Generic	<input type="checkbox"/> Pekkton (115-252 MPa) <input type="checkbox"/> Zirconia (Zi 700-1100 MPa) <input type="checkbox"/> PMMA Temporary Material (80 MPa) NIGHTGUARD <input type="checkbox"/> Hard/Soft <input type="checkbox"/> Hard <input type="checkbox"/> Printed

Instructions:

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DOCTOR'S SIGNATURE REQUIRED _____ Date Sent _____
 _____ / /

By signing this you agree to the terms and conditions on the back.