



INTEGRITY DENTAL LAB LLC

WWW.integritydentallab.digital

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(984)-234-2333

Doctor Name: _____ Patient Name: _____

Date: _____ Date Due: _____

Fixed Restoration

Full Cast Alloy

- ☐ Yellow Noble ☐ White Noble
☐ Yellow High Noble ☐ Non Precious

Porcelain Alloy

- ☐ Yellow Noble ☐ High Noble
☐ None Precious ☐ White Noble

Metal Free

- ☐ ZR Full Contour Esthetic ☐ ZR Layered
☐ E.max Layered ☐ BruxZir
☐ E.max (Inlay/Onlay) ☐ PMMA Temporary
☐ E.max Veneer ☐ E.max Full Contour (Press/CAD)

Proximal Contact

- ☐ Broad (B/L) ☐ Light
☐ Deep (I/G) ☐ Medium
☐ Diastema _____ mm ☐ Heavy

Metal Collars

- ☐ Very Small Lingual Collar
☐ No Metal to Show 360°
☐ Very Small Collar 360°
☐ Porcelain Butt Margin
☐ Other: _____

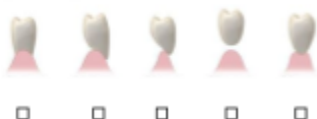
Occlusal Contact

- ☐ In Occlusion ☐ In Light Occlusion
☐ Out (0.5mm) ☐ Way Out (0.75mm)

Metal Occlusal

- ☐ Metal Occlusal
☐ Metal Island
☐ Metal Lingual

Pontic Design



Tooth #: _____

Shade: _____

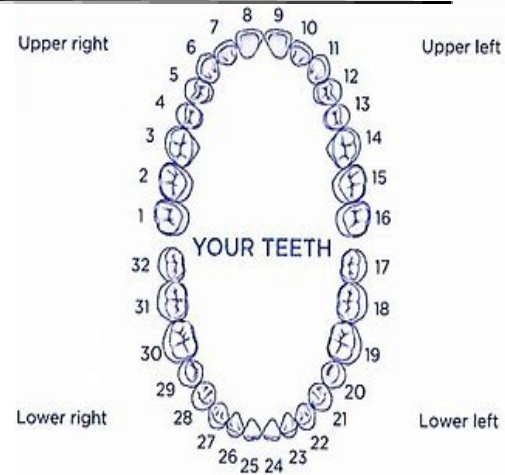
☐ Male ☐ Female



☐ Singles ☐ Splined

☐ Metal try in ☐ Finish

Implant Type & Size



Dr. Signature: _____ License #: _____

Removable

Partials

- ☐ Framework
☐ Framework w/ Bite

Denture

- ☐ Processed Denture
☐ Printed Denture
☐ Bite Rim
☐ Custom Tray

Metal-Free Partials

- ☐ Flipper 1-3 teeth
- Replacing Teeth #'s: _____
☐ Flipper 4 or more teeth
- Replacing teeth #'s: _____
☐ Valplast Partial

Splints

Night Guards

- ☐ Soft ☐ Dual Night
☐ Hard ☐ Bleach/ Fluoride Tray

Implants

- ☐ Cementable ☐ Screw Retained (Cement in Lab)

Tissue Displacement

- ☐ No Blanch ☐ Med Blanch ☐ Full Blanch

Final Abutment Type

- ☐ Stock
☐ Custom Titanium
☐ Custom Milled Nitride (gold shaded)
☐ CAD/CAM Zirconia