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 www.PeeblesDentalLab.com

DR _____

STREET _____ SUITE _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT NAME _____ AGE _____ SEX: M F

RETURN _____ / _____ / _____ TIME _____

FULL DENTURES	<input type="checkbox"/> Premium Full Denture	<input type="checkbox"/> AED Denture	<input type="checkbox"/> Try-In	<input type="checkbox"/> Soft Reline
	<input type="checkbox"/> Ivobase™ Injected Denture	<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Process & Finish	<input type="checkbox"/> Reline
	<input type="checkbox"/> Classic Full Denture	<input type="checkbox"/> Bite Blocks	<input type="checkbox"/> Cast/Mesh	<input type="checkbox"/> Repair
PARTIAL DENTURES	<input type="checkbox"/> Vitallium 2000™ (Metal)	<input type="checkbox"/> Flexible (Metal Free)	<input type="checkbox"/> Versacryl Clasps	<input type="checkbox"/> Survey & Design
	<input type="checkbox"/> Classic Frame	<input type="checkbox"/> Precision Atch. Frame	<input type="checkbox"/> Cu-Sil Gasket	
SPLINTS/ MOUTHGUARD	<input type="checkbox"/> TMJ Splint (Hard)	<input type="checkbox"/> Aspen Splint	<input type="checkbox"/> Radiation Splint	<input type="checkbox"/> No Ramp <input type="checkbox"/> Upper
	<input type="checkbox"/> Remedese Splint™ (Layered hard/soft)	<input type="checkbox"/> Yukna Splint	<input type="checkbox"/> CRA	<input type="checkbox"/> Ball Clasps <input type="checkbox"/> Lower
	<input type="checkbox"/> Bruxese Splint™ (Thermal Resin)	<input type="checkbox"/> NTI	<input type="checkbox"/> ARA	<input type="checkbox"/> Reinforcement
	<input type="checkbox"/> Sports Mouthguard: Color _____			
ORTHO	<input type="checkbox"/> Basic Hawley	<input type="checkbox"/> Hawley Wrap	<input type="checkbox"/> RPE	<input type="checkbox"/> Clasps _____
	<input type="checkbox"/> Hawley Spring	<input type="checkbox"/> Space Maintainer	<input type="checkbox"/> E-Arch	<input type="checkbox"/> Color _____
	<input type="checkbox"/> Hawley Flipper	<input type="checkbox"/> Nance	<input type="checkbox"/> Habit Appliance	<input type="checkbox"/> Glitter
REMOVABLE IMPLANTS	<input type="checkbox"/> Surgical Guide	<input type="checkbox"/> Conus Concept™	<input type="checkbox"/> Locator™ Overdenture	
	<input type="checkbox"/> Drill Hole	<input type="checkbox"/> Trough	<input type="checkbox"/> CAD Over Denture	<input type="checkbox"/> Conversion
	<input type="checkbox"/> Brass Tube			

DOCTOR SIGNATURE _____

DENTIST LICENSE # _____

DATE _____

Send your photos to photos@peeblesdentallab.com

ALL CERAMIC	<input type="checkbox"/> e.max™ Full Contour	<input type="checkbox"/> Veneer	<input type="checkbox"/> Zirconia Layered
	<input type="checkbox"/> e.max™ Layered Crown		<input type="checkbox"/> Zirconia Full Contour
PORCELAIN FUSED TO METAL	<input type="checkbox"/> High Noble	FULL CAST	<input type="checkbox"/> High Noble (AU-58%)
	<input type="checkbox"/> Noble		<input type="checkbox"/> Noble (AU-40%)
	<input type="checkbox"/> Porcelain Labial Margin		<input type="checkbox"/> Low Noble (AU-2%)
FIXED IMPLANTS	CAD/CAM/FIXED ABUTMENT		
	<input type="checkbox"/> Titanium	<input type="checkbox"/> UCLA Type	<input type="checkbox"/> Screw Retained
	<input type="checkbox"/> Gold Hue	<input type="checkbox"/> ASC	<input type="checkbox"/> Fixed Hybrid
	<input type="checkbox"/> Zirconia	<input type="checkbox"/> Verification Jig	PONTIC DESIGN (please circle)

METAL DESIGN

	<input type="checkbox"/> Full Coverage - No Lingual Collar		<input type="checkbox"/> Metal Occlusal - Excluding Buccal Cusp	<input type="checkbox"/> Metal Lingual
	<input type="checkbox"/> Full Coverage - Small Lingual Collar		<input type="checkbox"/> Full Metal Occlusal - w/Buccal Cusp	

Connect Online with Peebles at
 cad@peeblesdentallab.com

Shade _____
Mould _____
Prep Shade _____
 Custom Shade

TOOTH NUMBERS
(please circle)

SPECIAL INSTRUCTIONS	<input type="checkbox"/> Framework Try-In	<input type="checkbox"/> Follow Enclosed Study Casts	<input type="checkbox"/> Reduction Coping
	<input type="checkbox"/> Frame With Occlusal Rim	<input type="checkbox"/> Immediate	<input type="checkbox"/> Reduce Opposer
	<input type="checkbox"/> Frame With Teeth Try-In	<input type="checkbox"/> Survey/Design Estimate	<input type="checkbox"/> Always Call With Clearance Issue
	<input type="checkbox"/> Complete Case	<input type="checkbox"/> Survey Crown	

ADDITIONAL NOTES _____
