

# UDEL

DENTAL LABORATORY

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 PO Box 839, Minneapolis, MN 55440  
 952-926-9266 or 800-248-9943, Fax 952-926-9276  
 Email photos to: photos@udelldental.com  
 www.udelldental.com

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Patients First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male  Female

Case needed by (print date and time in box):

Mon	Tues	Wed	Thurs	Fri

Please send:  Bags  Rx  Labels  Boxes  Fee Schedule

## DENTURES

- Full upper
- Full lower
- Immediate upper
- Immediate lower
- Post dam
- Palatal relief
- Soft liner
- Reline
- Rebase (all new acrylic)
- Repair
- Bite blocks
- Spare full denture
- Full borders
- Ivocap processed denture base

TRIAL  FINISH

Shade: \_\_\_\_\_

Anterior Mould: \_\_\_\_\_

Posterior Mould: \_\_\_\_\_

Face Shape: \_\_\_\_\_

Personality:  Vigorous  Delicate  Soft

## FINISH MATERIALS

Ivocap acrylic shades

- Preference
- US-P
- US-L
- US-D

Coe-Lor ethnic acrylic shades

- Light/mild
- Medium/moderate
- Dark/heavy

Valplast flexible shades

- Standard pink
- Light ethnic
- Dark ethnic

Characterized Acrylic

## PARTIAL DENTURES

- Upper
- Lower
- Temporary
- Vitallium 2000 cast framework
- Valplast flexible
- Wrought wire
- Cu-Sil gasket
- Duracetal flexible tooth-colored clasps
- Visi-Clear flexible clasps

NOTE: PLEASE PUT COMPLETED PRESCRIPTION INTO A SEPARATE SEALED BAG

Form# FM4-4031-0001-002

## CROWN & BRIDGE

### EMPRESS

- Monolithic  Layered Incisal

### IPS e.max lithium disilicate

- Monolithic  Layered Incisal

### ZIRCONIA

- Monolithic  
 Lava™  
 Standard

### CAPTEK

- Perio Crown

### PFM

- Alloy  Base  
 Noble  
 High Noble

- Porcelain Butt Shoulder

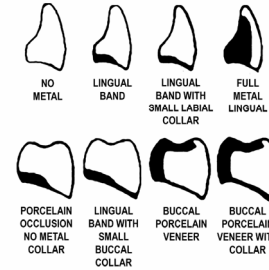
### FULL CAST

- Yellow Noble Alloy  
 Yellow High Noble Alloy  
 Yellow High Noble for Inlays

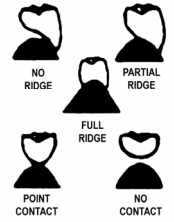
- Radica Temporary Crown

- Contacts  Open  Closed

### METAL DESIGNS (Please Circle)



### PONTIC DESIGNS



Ridge Relief  
 Slight  Heavy

SHADE

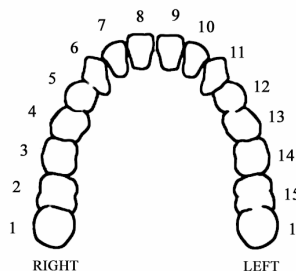
SHADE GUIDE

NATURAL DIE SHADE (STUMP)

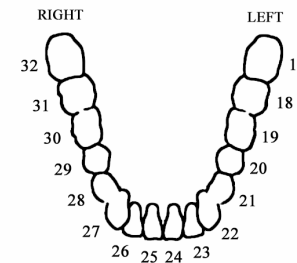
Additional Instructions

## IMPLANTS / PRECISION ATTACHMENTS

Type \_\_\_\_\_ Diameter \_\_\_\_\_



UPPER



LOWER

Signature \_\_\_\_\_ Date \_\_\_\_\_