

UDELLE

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: nancy@udelldental.com
 www.udelldental.com

Doctor: _____ Phone: _____

Patient's 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 Ethnic Acrylic Shades
 - Light
 - Medium
 - Dark

- Valplast flexible shades**
- Standard pink
 - Light ethnic
 - Dark ethnic

- Characterized Acrylic

PARTIAL DENTURES

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

NOTE: PLEASE PUT COMPLETED PRESCRIPTION INTO A SEPARATE SEALED BAG

CROWN & BRIDGE

ZIRCONIA

- Premium

IPS e.max lithium disilicate

- Milled IPS e.max

All Metal

- Yellow Noble Alloy
- Yellow High Noble Alloy

Porcelain Substructure

- Zirconia
- Base
- Noble
- High Noble

Porcelain Butt Shoulder

Metal Design

- No Metal Lingual Band
- Metal Lingual Metal Contacts
- Buccal Band

Pontic Design

- Partial Ridge Full Ridge
- No Contact Point Contact
- Ridge Relief: Slight Heavy

Diagnostic Wax-up

Temporary Crown

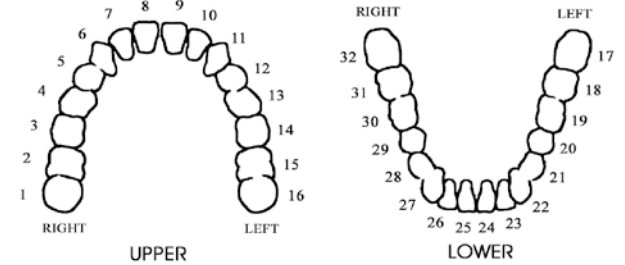
- PMMA

Tooth # _____ or indicate in diagram

Contacts: Open Closed

Shade _____ Shade Guide _____

Natural Die Shade (Stump) _____



Additional Instructions _____

IMPLANTS / PRECISION ATTACHMENTS

Manufacturer: _____ Diameter _____ Model _____

Implant Abutment Choice: Titanium Zirconia With Titanium Base

Crown & Bridge: Cement Retained Screw Retained

Gingival Margin Placement: Supragingival Subgingival

0.5 mm 1.0 mm 2.0 mm 3.0 mm

Tissue Blanching: Minimal Moderate Aggressive

Signature _____ Date _____

License Number _____