8326 Quivas Way
Denver, CO 80221

Main: 720-531-3917
Secondary: 720-762-4008
Send Scans To:
Digital@NaturalSmilesDentalLab.com

For Lab Use Only

INVOICE #:

PAN #:

Today's Date:_____

Due Date/Time:_____

Doctor Name
& License #:_____
(Required by law)
***The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Auraria Dental Lab in the event the account is sent to collections or litigation.*

Address:_____

Phone/Email:

Patient Name:

DOB/Age:_____ ☐ Male ☐ Female

Case turnaround times is based on the date/time we receive the case, as well as ALL the information being correct and completed on the RX. If the RX is incomplete, we CANNOT guarantee a delivery date until all the information is received by the lab.

Case Instuctions

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Restoration
- ☐ Crown
- ☐ Bridge
- ☐ Veneer
- ☐ Inaly / Onlay
- ☐ Implant
- ☐ Post & Core
- ☐ Diagnostic Wax-up
- ☐ Other *(specify)*

Porcelain Fused to Metal (PFM)
- ☐ Non-Precious
- ☐ Semi-Precious White (43% Pd)
- ☐ High Noble White (40% Au)
- ☐ High Noble Yellow (74% Au)

Full Metal Crowns
- ☐ Yellow Non-Precious Crown
- ☐ Semi-Precious White (43% Pd)
- ☐ High Noble White (40% Au)
- ☐ High Noble Yellow (40%/62%/74% Au)

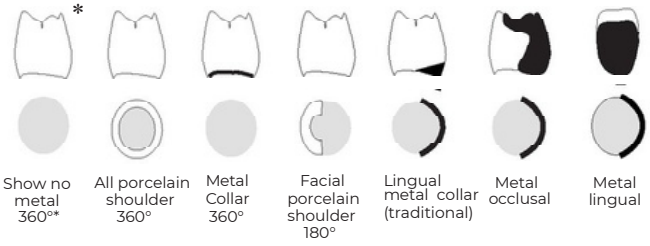
Metal-Free
- ☐ Zirconia Solid *(not recommended for anterior)*
- ☐ Zirconia Layered *(max 3 unit bridge, high-translucency)*
- ☐ Zirconia Multilayered (high- translucency)
- ☐ IPS e.max® Press *(max 3 unit bridge)*
- ☐ PMMA Temp crown

Other
- ☐ Diagnostic wax-up
- ☐ Clear stent
- ☐ Putty matrix
- ☐ Temporary
- ☐ Temporary w/ metal

Return For
- ☐ Finish*
- ☐ Die Trim
- ☐ Bisque
- ☐ Metal Try-in

PFM Design

Please circle your choice(s) of margin combination for PFM



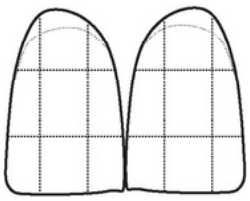
If Insufficient Room
- ☐ Trim opposing*
- ☐ Email to discuss
- ☐ Metal occlusal
- ☐ Reduction coping
- ☐ Resin* ☐ Metal
- ☐ Metal Island
- ☐ Trim prep no coping

Occlusal Contact
- ☐ Light*
- ☐ Open
- ☐ Tight

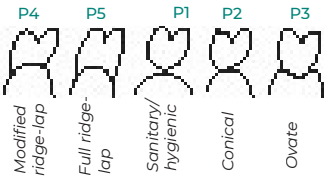
Interproximal Contact
- ☐ Light*
- ☐ Medium
- ☐ Heavy

Crown Design

Characterizations



Pontic Design



Tooth Shade _____
(required)

Stump Shade _____
(required IPS e.max®)

Rx *INSTRUCTIONS:*

NATURAL SMILES DENTAL LAB USE ONLY

In-Lab Received
By & Time

Final Inspector
Date/Time