YEN DENTAL LABORATORY

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Dentist _____ Patient Name _____

Phone Date Prepared _____

Address Due Date _____ Time _____

☐ Economy ☐ Premium ☐ Adjustment / Remake

Shade



Photo Emailed

☐ images@yendental.com

(Please include lab card number, Doctor and Patient's name in the subject line)

Occlusal Staining

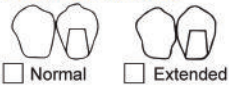
☐ None ☐ Light ☐ Medium

Embrasure



☐ Open ☐ Closed

Proximal Contact



☐ Normal ☐ Extended

Occlusal Contact



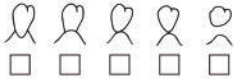
☐ Heavy ☐ Light ☐ Open

Occlusal Design



☐ ☐ ☐ ☐ ☐

Pontic Design



☐ ☐ ☐ ☐ ☐

Restoration Type

- ☐ Crown
- ☐ Bridge
- ☐ Veneer
- ☐ Inlay / Onlay
- ☐ Post and Core
- ☐ Maryland Bridge

All Ceramic

- ☐ IPS E-Max
- ☐ Procelain-Layered Zirconia
- ☐ Multilayered Monolithic Zirconia

Stump Details

(Required for All Ceramic)

- ☐ Vital (Stump Shade _____)
- ☐ Non Vital (Dentine or Composite)
- ☐ Non Vital (Metallic Post and Core)

Porcelain Fused to Metal

- ☐ Semi-Precious
- ☐ Non Precious
- ☐ Non Precious (Nickel Free)

Margin Type

- ☐ Classic PFM
- ☐ 360° Metal Margin
- ☐ Buccal Porcelain Margin
- ☐ 360° Porcelain Margin

Full Cast

- ☐ Non Precious (CoCr)

Others

- ☐ Diagnostic Wax Up
- ☐ Special Tray (Closed / Open) ☐ Upper ☐ Lower

Implants

Brand _____

Plateform _____

Type

- ☐ Screw Retained
- ☐ Cement Retained

Enclosed

- ☐ Abutment
- ☐ Analog
- ☐ Screw
- ☐ Others _____

Material Enclosed

- ☐ Triple Tray
- ☐ Upper Impression
- ☐ Lower Impression
- ☐ Upper Model
- ☐ Lower Model
- ☐ Articulator
- ☐ Shade Tab
- ☐ Bite Registration
- ☐ Denture
- ☐ Others _____

Insufficient Occlusal Clearance

- ☐ Make Metal Island
- ☐ Make Metal Occlusal
- ☐ Send back for re-prep
- ☐ Contact for Discussion
- ☐ Reduce opposing & mark model
- ☐ Reduce prep & mark model
- ☐ Reduce prep & make reduction coping

Position

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Instructions

☐ Turn Over For Additional Instructions