

INV. NUMBER

LAB USE ONLY



2800 Spencerport Rd Suite A1
Spencerport, NY 14559
(585) 352-9811
ArienoDental.com

PAN NUMBER

DATE SHIPPED:

DATE NEEDED:

DOCTOR _____
ADDRESS _____
PATIENT _____ D.O.B. _____ SEX _____
TOOTH #S _____ DIGITAL SCAN SENT

RESTORATION TYPE: IMPLANT CROWN BRIDGE INLAY/ONLAY VENEER

ZIRCONIA
 ZIRCONIA w/E.MAX® FACING
 ALL ZIRCONIA CROWN/BRIDGE

FULL CAST
 CAST SEMI-PRECIOUS CROWN
 CAST GOLD CROWN/ONLAY

IMPLANT RESTORATION

E.MAX®
 IPS E.MAX® VENEER
 IPS E.MAX® CROWN
 IPS E.MAX® INLAY/ONLAY

PFM
 NON PRECIOUS / TILITE
 SEMI-PRECIOUS SILVER PALLADIUM
 WHITE GOLD
 YELLOW GOLD
 METAL TRY IN

POST CORE
 GOLD
 SEMI-PRECIOUS

MARYLAND BRIDGE

ABUTMENT
 SCREW RETAINED
 CEMENT RETAINED

CASE SPECIFICATIONS

MARGINS
 BUTT SHOULDER
 METAL MARGIN _____ MM

PROXIMAL CONTACTS
 LIGHT
 MEDIUM
 HEAVY

METAL DESIGN
 METAL COPING ALL PORCELAIN COVERAGE
 METAL OCCLUSAL EXCLUDING BUCCAL CUSP
 METAL OCCLUSAL INCLUDING BUCCAL CUSP

OCCLUSAL CLEARANCE
 LIGHT
 OPEN
 TIGHT

PONTIC DESIGN

SHADE INSTRUCTIONS EMAIL PHOTOS TO: ADL1@ARIENODENTAL.COM

STUMP _____
INCISAL _____
BASIC _____
GINGIVAL _____

STAINING
 NONE
 LIGHT
 MEDIUM
 HEAVY



PATIENT CALLING FOR CUSTOM SHADE

SPECIAL INSTRUCTIONS

Please allow **10 Work DAYS** (not including pickup days, delivery days, or holidays) for all Ceramic and PFM cases, and **15 Work DAYS** (not including pickup days, delivery days, or holidays) for all Implants.

REQUEST
 CASE BOXES
 RX FORMS
 REMAKE
 ORIGINAL PRODUCT ENCLOSED

SIGNATURE _____
DDS/DMD LIC # _____

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