



8510 Crown Crescent Ct  
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(800) 476-2771  
Fax (704) 845-2289  
www.drakelab.com

Doctor's Name/Address/Phone Number



Made in the U.S.A



Case  
Disinfected



Certified Dental  
Laboratory

◇CROWN ◇BRIDGE ◇INLAY/ONLAY ◇VENEER

- ◇ Porcelain Shoulder ◇ Collarless ◇ No Buccal Collar
- ◇ \_\_\_mm Buccal Col ◇ Under Existing Part ◇ Survey for Partial
- ◇ Attached Post ◇ Seperate Post ◇ Metal Occlusion

**PFM ALLOY SELECTION**

**TRADITION SERIES RESTORATIONS (FLAT RATE)**

- ◇ Captek
- ◇ Tradition High Noble White
- ◇ Tradition Noble White
- ◇ Tradition Hi-Sierra

**FULL CAST ALLOY SELECTION**

- ◇ Tradition Academy 70% Au High Noble Type IV
- ◇ Tradition Aristocrat 56% Au High Noble Type III
- ◇ Golden Gate HN 74% Au

**VALUE SERIES RESTORATIONS (PLUS ALLOY)**

- ◇ Value High Noble
- ◇ Value Noble
- ◇ Value Base
- ◇ Value High Noble 52% Au
- ◇ Value Noble Yellow 20% Au
- ◇ Value Noble White S/P

**METAL FREE RESTORATIONS**

- ◇ Z-Sthetic Zirconia
- ◇ Drake Bridge
- ◇ Enamel Art i.b.v.
- ◇ Empress Shaded
- ◇ Empress Layered
- ◇ Tuff Temps

**BITE SPLINT**

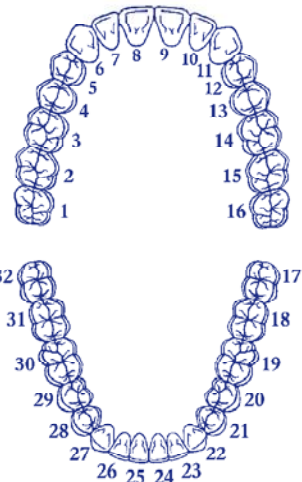
- ◇ Comfort Zone
- ◇ Comfort Zone Plus
- ◇ Hard (Acrylic)

**DENTURES**

- ◇ Wax Try-In ◇ Reset ◇ Finish
- Shade\_\_\_\_\_ Mould\_\_\_\_\_
- ◇ Occlusal Rim ◇ Reline
- ◇ Custom Tray ◇ Soft Liner

**PARTIAL DENTURES**

- ◇ Frame Try-In ◇ Wax Try-In
- ◇ Reset ◇ Finish
- ◇ Vitallium 2000 Plus
- ◇ Bite Block
- ◇ BioV r.p.d.
- ◇ Estheti-Flex (ERP)
- ◇ Estheticclasp (ERP)
- ◇ Acrylic
- ◇ Titanium Frame
- ◇ Flexible Clasp Shade\_\_\_\_\_



Deliver by 5 p.m. on Date \_\_\_\_\_

PATIENT'S UNIQUE IDENTIFIER \_\_\_\_\_

PATIENT'S INFORMATION ◇ MALE ◇ FEMALE AGE \_\_\_\_\_

ENCLOSED ◇ Impression(s) \_\_\_\_\_ ◇ Model(s) \_\_\_\_\_ ◇ Bite(s) \_\_\_\_\_  
◇ Study Model(s) \_\_\_\_\_ ◇ Other \_\_\_\_\_

◇ Metal Try-In ◇ Bisque Bake ◇ Finish

SHADE \_\_\_\_\_ ◇ SHADE TAB ENCLOSED  
IS THE PATIENT BLEACHING ◇ Yes ◇ No

STUMPF SHADE (required for All Ceramic) \_\_\_\_\_  
OCCLUSAL STAIN ◇ None ◇ Light ◇ Medium ◇ Heavy  
IF NO OCCLUSAL CLEARANCE  
◇ Metal Occlusal ◇ Metal Island ◇ Trim Opposing



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Please Send ◇ Prescriptions ◇ Boxes ◇ Shipping Labels

By signing below, I acknowledge that this form represents the full and complete Agreement between parties. This Agreement is subject to the terms and conditions set forth on the reverse side hereof and such terms and conditions are hereby incorporated in their entirety into the agreement.

DOCTOR'S SIGNATURE \_\_\_\_\_

DOCTOR'S LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_



Your Laboratory Resource

