



8510 Crown Crescent Ct FROM:
 Charlotte, NC 28227
 704 845 2401
 1 800 476 2771
 www.drakelab.com

Case Disinfected? _____

METAL FREE

- Elite Solid Zirconia
- Value Solid Zirconia
- Z-Sthetic (Ceramic Coverage)
- Celtra (Press)
- e.Max (Press)
- Empress
- Celtra (Milled) *
- e.Max (Milled)

GUARD / SLEEP

- Comfort Zone Bite Guard
- Comfort Zone Plus
- Hard Acrylic Night Guard
- Soft Night Guard
- Dream TAP Snore Guard
- TAP III Snore Guard
- EMA Snore Guard

PARTIAL ELITE or VALUE

- DuraTek
- Valplast
- Acrylic
- Cast Metal
 - Unilateral
 - Frame Try-In
 - Bite Rim
 - Wire Clasps
 - Set-Up
 - Process & Finish

DENTURE ELITE or VALUE

- PALA or Avadent Digital Denture
- Custom Tray
- Bite Rim
 - Set-Up
 - Process & Finish
 - Reset
 - Reline

PFM

- Tradition High Noble
- Tradition Noble *
- Value Noble
- Value Base

FULL CAST

- Tradition HN Yellow* / Type II / III or IV
- Value Noble Yellow
- Value Noble White

PATIENT'S ID: _____ AGE: _____ SEX: _____

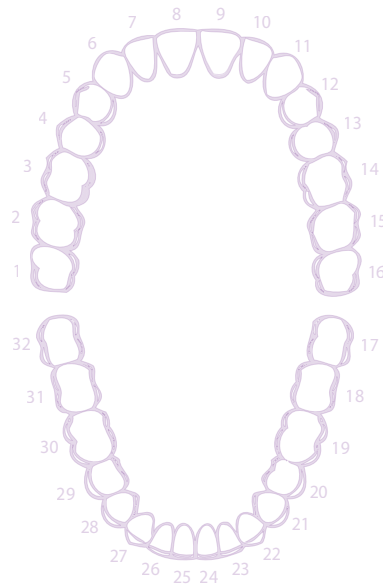
DUE DATE: _____

FINAL SHADE FOR CROWN / BRIDGE / DENTURE: _____

STUMPF SHADE FOR FIXED METAL-FREE: _____

TISSUE SHADE FOR GINGIVAL: _____

TOOTH SHADE FOR DURATEK: _____



IF NO OCCLUSAL CLEARANCE:

- Trim Opposing
- Reduction Coping
- Other _____

CASE PHOTOS: Enclose with case or email them to drakeqc@drakelab.com

IMPORTANT INFO FOR THE LAB:

DR'S SIGNATURE _____ DR'S LICENSE # _____ DATE _____ PF9/18

Virginia Use ONLY Instructions GD60-18: ♦ Either Domestic or Overseas Lab Approved ♦ Domestic Lab Approved ♦ Overseas Lab Approved ♦ Contact Me Before Subcontracting

* Default unless otherwise specified

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

