



**CDT** Lab  
Concorde Dental Technician



RX Number \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make sure that the due date is 1-2 days before Pt's appointment date.

Preparation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Delivery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

**All Ceramic**

- ☐ e.max Crown
- ☐ e.max Veneer
- ☐ e.max layered
- ☐ Ceramic Post
- ☐ Inlay / Onlay

**All Zirconia**

- ☐ BruxZir
- ☐ Lava
- ☐ HT Zirconia
- ☐ Layered Zirconia
- ☐ Inlay / Onlay

**All PFM**

- ☐ NP Tilit Alloy
- ☐ SP Semi-precious
- ☐ HN White
- ☐ HN Yellow
- ☐ Captek

**Implant Crown**

- ☐ Ceramic
- ☐ Captek
- ☐ PFM
- ☐ Zirconia

**Abutment & Bar**

- ☐ Titanium Abutment
- ☐ Zirconia Abutment
- ☐ Hybrid Abutment
- ☐ Hader Bar

**Occl Contact**

- ☐ Light
- ☐ Medium
- ☐ Heavy

**Contact**

- ☐ Light
- ☐ Medium
- ☐ Heavy

**Porcelain Margin**

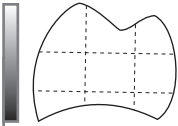
- ☐ Buccal Margin

**Metal Margin**

- ☐ 360 Margin

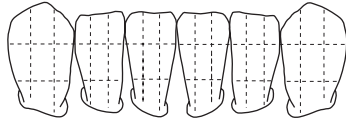
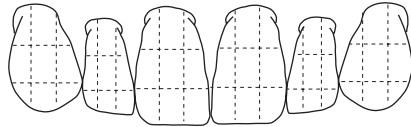
- ☐ Placemat Jig
- ☐ Screw Retain
- ☐ Cement Retain

- ☐ Surgical Guide
- ☐ Pink Gingival Porcelain
- ☐ Follow Tissue Contour



Shade# \_\_\_\_\_

- ☐ Layered Crown
- ☐ Solid Crown
- ☐ Framework Try-in



**Crown Design**



**Pontic Design**



Dr. Signature: \_\_\_\_\_ DDS License# \_\_\_\_\_

Signature is acceptant of sole responsibility for payment and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees. San Diego Dental Design. requires that each case be accompanied by a lab slip - this is considered a binding work order and is subject to all stated terms and conditions.

# Dental Design Implant Technology



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*please print legibly so we can understand your case better.*

RX