

FOR LAB USE ONLY

- Label
- Trim Die
- Margin
- Undercuts
- Letter
- Distortion on:
- Trim Opposing
- Insert first

Preliminary Check

By:

Pan	Work	Leave lab on Day	Date #
# of Units	Received on Time	Entered by	Items sent with case
Scanned By	Frame By	Ceramic By	Final QC By
			Alloy Pure Weight

Today			Due Date			Time:
Day	Month	Year	Day	Month	Year	<input type="checkbox"/> AM <input type="checkbox"/> PM

Dr: _____

Tel: _____

Patient First Name: _____

Patient Last Name: _____

Male Female Age: _____ Call patient to take shade at:



Unit #204
338 West 8th Avenue
Vancouver, BC
V5Y 3X2

Tel: 604.980.0100
TF: 1.844.446.0906
F: 778.379.9279
www.rcalab.com

CONTACTED LAB FOR PICK UP

By: _____ Spoke with: _____

Date: _____ Left a message

Time*: _____ Note: _____

*Calls after 2pm will be picked up the next day.

Included with the case:

- Old Crown
- Pre-op Impression
- Study Model
- Bite and/or Bite Stick
- Photo
- Photos E-mailed
- Face Bow
- Partial Denture

- | | | | |
|---|---|---|--|
| Works
<input type="checkbox"/> Zr. with Porcelain
<input type="checkbox"/> Zr. without Porcelain
<input type="checkbox"/> Emax with Porcelain
<input type="checkbox"/> Emax without Porcelain
<input type="checkbox"/> PFM
<input type="checkbox"/> Gold Restoration
<input type="checkbox"/> Post & Core
<input type="checkbox"/> Other | Occlusion
<input type="checkbox"/> Zr.
<input type="checkbox"/> Porcelain
<input type="checkbox"/> Emax
<input type="checkbox"/> Metal
<input type="checkbox"/> Metal Island
<input type="checkbox"/> Positive Contact
<input type="checkbox"/> Foil Relief
<input type="checkbox"/> # of Foils: | If no clearance
<input type="checkbox"/> Call Doctor
<input type="checkbox"/> Spot Opposing
<input type="checkbox"/> Metal Island
<input type="checkbox"/> Trim Prep
<input type="checkbox"/> Make Reduction Coping | Margin
<input type="checkbox"/> Porcelain to Margin
<input type="checkbox"/> Butt Margin
<input type="checkbox"/> Fine Collar

Alloy
<input type="checkbox"/> White Semi Precious
<input type="checkbox"/> Yellow Gold
<input type="checkbox"/> Non-precious |
|---|---|---|--|

IMPLANT

Implant Brand: _____ **Custom Abutments**

Diameter of each implant: _____

- Analogs Included
- Abutments Included
- Cement Retained
- Screw Retained One Piece
- Screwmentable Two Pieces
- Ti. White
- Ti. Gold Shaded
- Zr.
- Zr. Shaded
- Margin**
- Fine Collar
- Porcelain to Margin

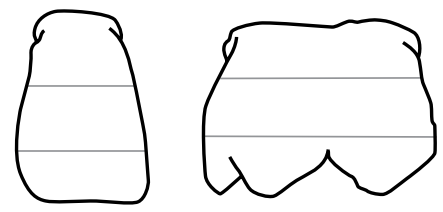


- Return Patient's Partial with Restoration
- Return Patient's Partial by:
- Add to the length _____ mm
- Patient has open bite

- | | | | |
|---|---|---|--|
| Shade <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Translucency
<input type="checkbox"/> Normal
<input type="checkbox"/> Medium
<input type="checkbox"/> High
<input type="checkbox"/> Extra High | Occlusal Staining
<input type="checkbox"/> None
<input type="checkbox"/> Light
<input type="checkbox"/> Medium
<input type="checkbox"/> Dark | Surface Anatomy
<input type="checkbox"/> Smooth
<input type="checkbox"/> Medium
<input type="checkbox"/> Heavy |
|---|---|---|--|

Stump: _____

Please send patient's pictures to pictures@rcalab.com



- Please call me
- Splint Units:
- Not a vital tooth #:
- Rest Seat on:

Rx:



Please include pre-op impressions for anteriors, bridges & free-end cases

Lic. #: _____

Signature: _____