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WWW.3DLABSMT.COM / tech@3DLabsMT.com

www.3dlabsmt.labstar.com

Dr. Name: _____ Patient Name: _____

MALE FEMALE AGE: _____

Phone: _____

Address: _____ Date Sent: _____ By: _____

E-Mail: _____ Date Received: _____ By: _____

DUE DATE by 5PM: _____

Enclosed with Case

- Impressions Impression Copings
- Bite Models
- Photos – uploaded with case in LabStar or emailed to tech@3DLabsMT.com

Other _____

Ceramic Restorations

- Zirconia Lithium Disilicate

Porcelain Restorations

- Porcelain to Zirconia
- Porcelain to Nobel/Semi Precious
- Porcelain to Non-Precious
- Metal Margin ___ buccal ___ lingual

Implant Restorations

- Zirconia Lithium Disilicate
- Porcelain to Zirconia
- ___ Cement Retained ___ Screw Retained
- ___ Surgical Guide ___ Placement Guide

Type of Implant _____ Size _____

Orthodontics

- Active Retainer Therapy
(call for Rx or download Rx at www.3dlabsmt.org)
- Smile Design for Active Retainer Therapy
- Clear Retainer

Full Arch Implant Bridge

All on X Premium Package - includes

- Tx Plan & Surgical Guide, Bone Reduction Guide, Back up Denture, Provisional Full Arch Bridge with PEEK upgrade, Final Try-in Full Arch Bridge in PMMA, Final Full Arch Bridge in PEEK/Zirconia

All on X Basic Package - includes

- Surgical Guide, Bone Reduction Guide, Provisional Full Arch Bridge in PMMA, Final Try-in Full Arch Bridge in PMMA, Final Full Arch Bridge in PEEK/Zirconia.

_____ Type of Implant _____ Size _____

Removable

- Full Denture Immediate Denture
- Partial Custom Tray
- Base Plate Reline (same day)
- Repair (call to schedule)
- ___ standard tooth ___ premium tooth

_____ Shade _____ Brand _____ Angle _____

Appliance

- Occlusal Night Guard –flat plane
- Occlusal Night Guard – hard
- Occlusal Night Guard – soft
- Occlusal Night Guard – hard/soft
- Athletic Mouthguard _____ color

SEE FULL SERVICES ON LABSTAR

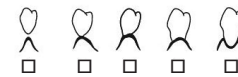
Additional Features

- Diagnostic Model ___ Printed ___ Try-In
- Duplicate Model ___ Printed ___ Stone

PREFERENCES

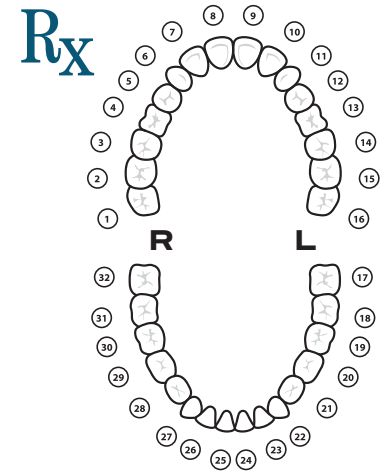
- Final Shade ___ gingival ___ body ___ incisal
- Light Source Used ___ LED ___ fluorescent ___ natural sunlight
- Stump shade ___
- Occlusal Staining ___ none ___ light ___ medium ___ heavy
- Incisal Translucency ___ light ___ medium ___ heavy
- Ridge Relief ___ none ___ slight ___ medium ___ heavy

Pontic Design



Please Send

- RX's
- Boxes
- Labels



Signature _____ License _____