00001

RAY DENTAL LABORATORY, INC.

Doctor's Name	License #	Due Date	By 5:00 pm

Patient's Name

First Last Age

☐ Male
☐ Female

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Please choose one "SELECT" or "ORIGINAL"

☐ SELECT
- Simple Stained -

* not available for 1 unit Anterior

☐ Zirconia
☐ LD
☐ PMMA

☐ ORIGINAL
- Micro Layer Stained -

☐ Zirconia
☐ LD
☐ PMMA

Translucent / Strength
- see the Material chart box / right side -

☐ High-Translucent ☐ Medium-Translucent

Contact Instruction

Occlusal : ☐ Full ☐ Light ☐ No Contact Proximal : ☐ Heavy ☐ Medium ☐ Light

Shade Information

☐ Vita Classical (Recommend)
☐ Vita 3D Master
☐ Ivoclar
☐ Custom Shade Evaluation In-Lab
☐ Photo : *raydl.office@gmail.com*

* SELECT : Photo-matching will be additional

Crown / Final Shade

Dentin / Prep Shade

Lab Use Only Received : / /

Material

Zirconia

High-Translucent 50% : Indicated for Anterior : *765 MPa*
Medium-Translucent 45% : High Strength for Anterior and Posterior : *1250 MPa*

LD / Lithium Disilicate

High-Translucent :Ultra Translucent, Excellent esthetic as of Natural Enamel : *500 MPa*
Medium-Translucent : Opacity or brighter than HT : *500 MPa*

PMMA / Polymathyl Methacrylate

Milled units offer an esthetic Temporary solution

Rx Notes

Enclosed

☐ Regular Impression ☐ Opposing Model ☐ Bite Registration
☐ Digital Impression ☐ Trios ☐ Other Digital
☐ Study Models *all anterior cases must include a study model*
☐ Other

Dr. Signature Date

Cost of collection on any account will be paid by the customer. Terms: Net. 30 days. A 3% service charge over 30days.

RAY DL, INC.

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