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Oglesby, IL 61348
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Date Sent: ____ / ____ / ____

Date Due: ____ / ____ / ____

Dr. _____ Phone: _____

Address: _____ Email: _____

Patient Name: _____ Age: _____ Sex: ____ M ____ F

☐ Need RX's ☐ Please Call Regarding the Case

TRY-IN ☐ Framework ☐ Bisque ☐ Wax & Teeth ☐ FINISH

Teeth Number

Shade

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

☐ Included Photos
Stump _____ Final _____

Material

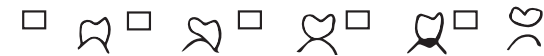
- ☐ Diagnostic Wax-up
- ☐ Metal Free
- ☐ Feldspathic Veneer
- ☐ No-Prep Veneer
- ☐ IPS Empress Veneer
- ☐ e•max Layered ____ *F.C. ____
- ☐ LAVA Layered ____ *F.C. ____
- ☐ Simple Zir (Bruxing crown)
- ☐ Z Zir Layered ____ *F.C. ____
- *FC= Full Contour (Monolithic)
- ☐ Provisional
- ☐ In-Lab
- ☐ PMMA
- ☐ PFM
- ☐ White High Noble
- ☐ Semi-Precious
- ☐ Non-Precious
- ☐ Full Metal
- ☐ High Noble
- ☐ Semi-Precious
- ☐ Non-Precious

*mark if you want any characterization

Occlusal Stain

☐ None ☐ Light ☐ Medium ☐ Dark

Pontic Type



Ridge Relief

☐ None ☐ Light ☐ Medium ☐ Heavy

Butt Margin

☐ 180° ☐ 360°

Metal Design

☐ No Metal Expose
Metal Lingual ☐ 0.5mm ☐ 1.0mm ☐ 2.0mm

If Insufficient Room

☐ Relieve Opposing ☐ Reduce Prep ☐ Please Call

Specific Instructions

Sleep Appliances

Splints

- ☐ TAP 3™ ☐ TAP 3 Elite™
- ☐ EMA™
- ☐ Dorsal
- ☐ Herbst
- ☐ Hard Niteguard
- ☐ Hard/Soft Niteguard
- TMJ Splint ☐ night ☐ day

Full Denture

Partial Denture

- ☐ Z Standard
- ☐ Z Signature
- ☐ Tissue Naturalization
- Shade _____
- License # _____
- ☐ Z Standard
- ☐ Z Signature
- ☐ Tissue Naturalization
- ☐ Provisional Partial
- ☐ Flexible Partial

Dentist Signature

By signing here, I agree to pay interest charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of 2% per month for any work performed pursuant to this prescription and I further agree to pay all of Zepeda Dental Lab's reasonable fees and collection costs in the event any amount due for work performed hereunder is referred for collection.

Signature _____ Date _____