



911 N. 2150th Road
Oglesby, IL 61348
815.431.0565
zepedadentalab@gmail.com

Date Sent: ____ / ____ / ____

Date Due: ____ / ____ / ____

Dental Lab

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

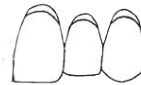
1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Shade

☐ Included Photos

Stump _____ Final _____



*mark if you want any characterization

Occlusal Stain

☐ None ☐ Light ☐ Medium ☐ Dark

Material

☐ Diagnostic Wax-up

Provisional

☒ Metal Free

☐ PMMA

☐ Feldspathic Veneer

☒ PFM

☐ No-Prep Veneer

☐ White High Noble

☐ e-max Veneer

☐ Semi-Precious

☐ e-max Layered

☐ Non-Precious

☐ High Trans Zirconia

☒ Full Metal

☐ Simple Zir (Bruxing crown)

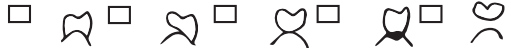
☐ High Noble

☐ Z Zir Layered

☐ Semi-Precious

☐ Non-Precious

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

☐ TAP 3™

☐ EMA™

☐ Dream Tap™

☐ Kava Herbst

☐ Kava Dorsal

Splints

☐ Hard Niteguard

☐ Hard/Soft Niteguard

TMJ Splint ☐ night ☐ day

Full Denture

☐ Z Standard

☐ Z Signature

☐ Tissue Naturalization

Shade _____

Mould _____

Partial Denture

☐ 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

License # _____

