

Doctor's Name _____ Patient _____ / _____

First Name

Last Name

Address/E-mail _____ Phone # _____

Today's Date _____ Due date by 5:00 p.m. on _____



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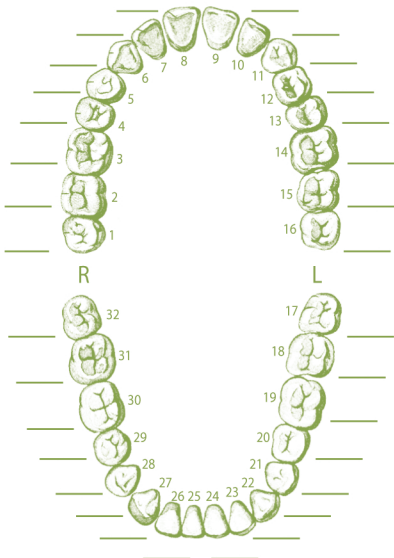
IMPLANT INFORMATION	ZIRCONIA CAD/CAM	CERAMICS	TYPE OF ANATOMY	FULL CAST	
System: _____ Diameter: _____ Parts Sent: _____ <input type="radio"/> Custom Abutment <input type="radio"/> Zirconium <input type="radio"/> Titanium <input type="radio"/> Gold <input type="radio"/> Prefab Abutment <input type="radio"/> Zirconium <input type="radio"/> Titanium	<input type="radio"/> IPS e.max Multi ZirCAD <input type="radio"/> IPS e.max ZirCAD Prime 4 units > <input type="radio"/> Ivoclar MT	<input type="radio"/> IPS Empress <input type="radio"/> IPS e.max <input type="radio"/> Maryland Bridge	<input type="radio"/> Deep Anatomical (Young) <input type="radio"/> Light Secondary (Middle Aged) <input type="radio"/> Primary (Worn, Aged)	<input type="radio"/> 77% Gold <input type="radio"/> Dr's Metal	
CUSTOM ABUTMENT DESIGN <input type="radio"/> Ideal (Large design may require surgical placement) <input type="radio"/> Blanching OK* (Medium circumference) <input type="radio"/> No Blanching (Smallest circumference) <input type="radio"/> Follow Soft Tissue Contours (Model reflects desired emergence profile)	Splints <input type="radio"/> Night Guard <input type="radio"/> Deprogrammer	TYPE OF OCCLUSION IN CENTRIC <input type="radio"/> Cusp to Fossa <input type="radio"/> Pin Point <input type="radio"/> Flat <input type="radio"/> Out of Occlusion By Microns _____	ENCLOSED WITH CASE ____ Impressions(s) ____ Bite ____ Opposing Cast ____ Master Cast ____ Alginate ____ Photos ____ Other _____ Date Recv'd _____ Pan # _____		
	PARTIAL <input type="radio"/> Under Partial <input type="radio"/> Survey to receive		MISCELLANEOUS <input type="radio"/> CAD PMMA Provisionals		
	ADDITIONAL INSTRUCTIONS				

Note: Please send a patient approved study model on all work involving anterior teeth

SHADE	STUMP
Occlusal Staining: ____ Light ____ Dark ____ Medium ____ None	

PONTIC DESIGN

<input type="checkbox"/> Sanitary Pontic	<input type="checkbox"/> Ridge Lap
<input type="checkbox"/> Modified Ridge Lap	<input type="checkbox"/> No Contact



License # _____ Signature _____

*Standard unless specified otherwise
Please retain a copy for Rx records.

Please Send
☐ Shipping Labels ☐ Prescriptions ☐ Boxes