



REQUIRED INFORMATION

Doctor Name _____

Practice Name _____

Address _____

Patient Name _____

Patient Chart # _____ M F DOB _____

RX Date _____ Delivery Date _____

Case delivery dates are based on the date the RX and case are received at 3DL.
Please allow 7 business days (M-F) for in-house production time.
Ground shipping \$7 per case, Rush options available.
Model digitization fee of \$37 per case from analog impression.

CASE INSTRUCTIONS

Please **CIRCLE** single units and **SQUARE** around splinted units

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 |

Materials

Zirconia / All Ceramic

- 3DL High Strength Zirconia
- 3DL Esthetic Zirconia
- 3DL Layered Zirconia
- 3DL Pressed e.max

Milled Gold

- 3DL 2% Yellow Gold
- 3DL 40% Yellow Gold
- 3DL 58% Yellow Gold

Other

- Diagnostic Wax-up
- Basic Temporary
- Esthetic Temporary

Add On

- Full Arch Printed Model
- Removable Die
- Silicone Matrix

Restoration

Crown and Bridge

- Crown
- Bridge
- Veneer
- Inlay/Onlay

Implant Design

- Stock Screw-Retained
- Custom Ti Abutment & Crown
- Custom Screw-Retained
- Stock Basic Temp
- Stock Esthetic Temp

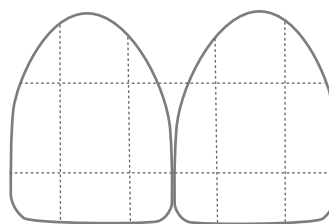
Implant Manufacturer

- BioHorizons
- Straumann
- Zimmer
- 3i
- Nobel
- Astra
- Other _____

Implant System _____

Implant Size _____

Design & Esthetics



Characterizations

Tooth Shade _____

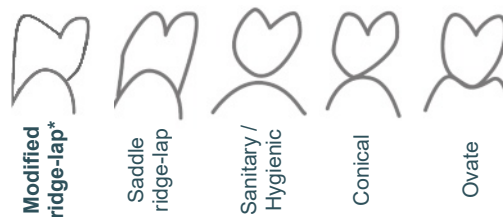
Shade Guide Used _____

Stump Shade _____

Pink Tissue Shade _____

Bridge Pontic Design

Please Circle One



If Insufficient Reduction

- Follow Pre-Prep Scan
- Call to Discuss
- Reduce Opposing
- Reduction Coping

Occlusal Contacts

- Light
- Open
- Heavy
- Call to Discuss

Interproximal Contacts

- Light
- Open
- Heavy (scraped)
- Call to Discuss

CASE SPECIFIC INSTRUCTIONS

Please send any images, radiographs, STL Files, CBCT, or other attachments to info@dynamicdigitaldental.com

Dentist Signature* _____

Dentist License # _____

*The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection, and other fees incurred by Dynamic Digital Dental Lab in the event the account is sent to collections or litigation.

