



* For bar or abutments cases, please use respective Rx form.

Laboratory Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

E-mail _____

Patient Name _____ Case # _____

Tooth Number(s) _____ Single(s) _____ Framework _____

NOTE: CMC offers free next-day delivery when ordering three or more units of zirconia product.

FULL-CONTOUR

- | | | |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Katana™ UTML | <input type="checkbox"/> IPS e.max® CAD (HT) | <input type="checkbox"/> Titanium |
| <input type="checkbox"/> Katana™ STML | <input type="checkbox"/> IPS e.max® CAD (LT) | <input type="checkbox"/> Wax/Resin |
| <input type="checkbox"/> Katana™ ML | <input type="checkbox"/> IPS Empress® CAD | <input type="checkbox"/> PMMA/Temp |
| <input type="checkbox"/> Zirlux® 16+ | <input type="checkbox"/> Lava™ Plus | |
| <input type="checkbox"/> BruxZir® 16 | <input type="checkbox"/> NP/Cr-Co | |

SCREW RETAINED BRIDGE

- Titanium
- Cr-Co
- Zirconia
- +Final Restorative Option**
- Ti/Cr-Co Framework
- Zirconia Coping Framework
- Full-Contour Zirconia bridge

COPING/Framework

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Pearl® | <input type="checkbox"/> Titanium |
| <input type="checkbox"/> Zirlux® | <input type="checkbox"/> Noble |
| <input type="checkbox"/> Lava™ Plus | <input type="checkbox"/> Wax/Resin |
| <input type="checkbox"/> NP/Cr-Co | |

**For bar or abutment cases,
please use the respective
Rx form.**

INDICATE VITA CLASSICAL SHADE

- | | | | |
|-------------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> B1 | <input type="checkbox"/> C2 | <input type="checkbox"/> D4 |
| <input type="checkbox"/> A2 | <input type="checkbox"/> B2 | <input type="checkbox"/> C3 | <input type="checkbox"/> 0M1 |
| <input type="checkbox"/> A3 | <input type="checkbox"/> B3 | <input type="checkbox"/> C4 | <input type="checkbox"/> 0M2 |
| <input type="checkbox"/> A3.5 | <input type="checkbox"/> B4 | <input type="checkbox"/> D2 | <input type="checkbox"/> 0M3 |
| <input type="checkbox"/> A4 | <input type="checkbox"/> C1 | <input type="checkbox"/> D3 | |

ADDITIONAL SERVICES

- Stain and Glaze
- Crystallization of IPS e.max®
- Model

INSTRUCTIONS

Unless indicated, all substructures will be milled to minimum thickness. (0.4 ant., 0.5 post.)

Do you require additional porcelain support for substructure?

- No Yes (Please note in Special Instructions)

Collar 180° 360°

ENCLOSED WITH CASE

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Opposing Model | <input type="checkbox"/> Working Model | <input type="checkbox"/> Study Models | <input type="checkbox"/> Bite |
| <input type="checkbox"/> No. of Dies _____ | <input type="checkbox"/> Impression | <input type="checkbox"/> Adjustable Articulator | <input type="checkbox"/> Soft Tissue |

SPECIAL INSTRUCTIONS

DUE DATE _____ / _____ / _____

PROMO CODE _____

SIGNATURE _____ **DATE** _____