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Doctor Name: _____ Phone # _____

Practice Name: _____

Address: _____

Patient Name: _____ Patient Age: _____

Crown & Bridge / Implants & Bars **Removable Appliances** **Today's Date** **Case Due Date** AM (by 12 noon) PM (by 4:00pm) *for same day relines & repairs PM (by 5:00pm) ***Same day Relines & Repairs must be scheduled in advance.**

Lithium Disilicate / eMax
 Implant Crown
 Crown
 Veneer
 Layered Stain & Glaze
 Inlay / Onlay
 Screw retained
 Cement retained

Abutments
 Titanium Abutment (stock)
 Custom Abutment
 Hybrid Abutment (Titanium & Zirconia)
 Diagnostic Wax up
teeth #'s _____

Procedure
 Maxillary
 Mandibular
 Framework
 Custom Tray
 Baseplate/ Bite Rim
 Set-up
 Finish
 Reline (Soft)
 ***Reline (Hard)
 ***Repair

Guards/ Retainers/ Splints/ Anti-Snoring
 Clear Splint (Astron) Thermosplastic
 Hard Guard (Lucitone Clear)
 TMJ (Lucitone Clear)
 Implant Surgical Guide
 Anti-Snore Device (Pro-Form ASO)
 Anti-Snore Device (Herbst)
 Gelb
 Dual Laminate (Hard/Soft)
 Essiex Retainer
 Soft Mouth Guard / Sports / Bruxer

Zirconia
 Implant Crown
 Full Contoured Crown
 High Strength Crown
 Anterior UHT Crown (Ultra High Translucency)
 Inlay / Onlay
 Sleeve
 Screw retained
 Cement retained

Implant Specifics
Implant System: _____
Implant Site: _____
Implant Size: _____

Teeth Shade Anterior _____ **Posterior** _____ **Guide used** _____
 Premium Teeth (Portrait/Ivoclar) Mid-Grade Teeth (Mondial/Delara) Economy Teeth (Artic/Classic)

Full Denture
 Economy/Transitional Premium Immediate
 Set-up Characterized Set-up Ideal Contour to Wax rim
 Anatomical Finish Smooth Finish Stipple

Full Metal Crown
 High Noble (yellow or white)
 Noble (yellow or white)
 Non-Precious
 Inlay / Onlay

Milled Bars / Attachments
 Hybrid
 Overdentures
 Bredent
 ERA
 Hader Bar
 Locator
 ORS O-Ring
 Swiss Loc

Acrylic Shade *Lucitone 199
 Light Pink (standard) Reddish Pink Original

Ethnic Acrylic Shade (Nature-Cryl)
 Light Medium Dark

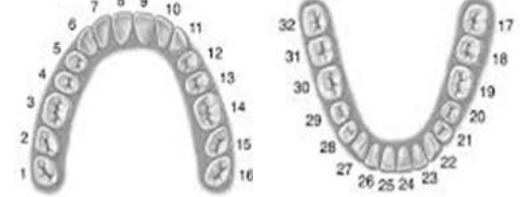
Partials (Acrylic / Flexible)
 Flipper (1-2 teeth only) Partial (3+ teeth) Flexible Partial
 Wrought Wire Clasps Ball Clasps No Clasps

Framework Design
 Framework Lab's Design
 Roach (T-Bar Clasp) RPI (I-Bar Clasp) Akers (C-Clasp)
 A.P. Strap (Circular H.S.) Horseshoe Full Palate
 Lingual Bar Lingual Plate Palatal Strap
 Framework with Flex clasps (select: clear, tooth colored, or pink)

Today's Date _____ **Case Due Date** _____ AM (by 12 noon) PM (by 4:00pm) *for same day relines & repairs PM (by 5:00pm)

Patient is scheduled back in office on:
Date: _____ **Time:** _____

Please Send:
 Rx Forms
 Boxes
Rx
Enclosed:
 Master Model
 Opposing Model
 Bite Registration
 Existing partial or denture
 Dr. Articulator
 Other _____



Always include: Working Model, Opposing Model & Full Extension Bite.

Teeth & Shade Specifics
Tooth # _____
Shade _____
Stump Shade _____

Pontic Design



Doctor Signature
License #

Thank you. We appreciate your business.