



Dental Laboratory of Chicago

Apex Dental Laboratory of Chicago

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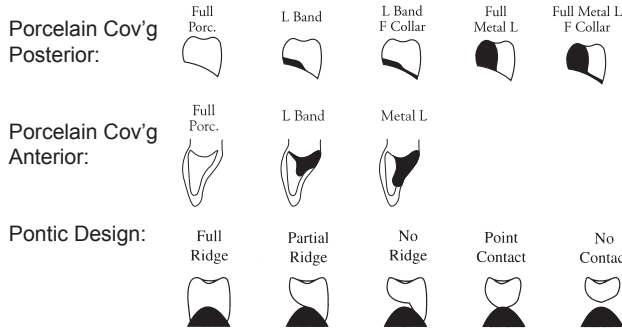
Doctor's Name _____ Telephone Number _____

Street Address _____ City/State/Zip _____

Patient Name or Identification Number _____ Age _____ Sex _____

Date Sent _____ Tooth # _____

Fixed Prosthodontics



Ridge Relief:

- None Medium Slight Heavy

Restoration Type:

- Basic ZR™ PFM
 Advanced ZR™ HN - White/Yellow
 Elite ZR™ Noble
 Lava Esthetic Base
 Micro ZR™ FCC
 Apex PFZ HN - White/Yellow
 Lava™ Noble - White/Yellow
 Celtra Base
 e.max/LIS®

If Minimal Occlusal Clearance:

- Metal/ZR Occlusal
 Reduce Opposing Tooth
 Reduce Prep
 Reduction Coping

Contacts:

- Open
 Closed

Glazing:

- High
 Regular
 Low
 Polish Only

Implants

Brand _____ Size _____

Abutment Material:

- Titanium Gold Shaded Titanium Zirconia

Abutment Type:

- Apex Patient Specific A-Zir Bridge Surgical Guide
 Apex Retrievable Manufacturer Specific Other
 Atlantis Insertion Guide

Instructions

- Please call regarding this case Return for Dr. Die Trim

Please send:

- Rx Forms UPS Labels
 Mailing Labels FedEx Ground Labels
 Boxes/Bags Speedee Labels

LAB USE ONLY

Included with case:

- Impression _____ Implant Components _____
 Opposing _____ Old Crown _____
 Bite _____ Shade Tab _____
 Impression Coping _____ Other _____
 Models _____ Date Received _____

Removable Prosthodontics

Preferred Tooth:

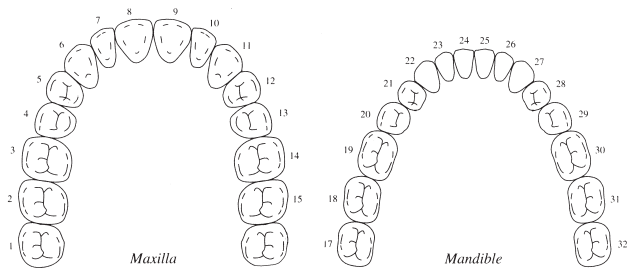
- Economy
 Mid
 Premium

Partial Denture:

- Metal Frame
 A-Flex™ Flexible Partial
 Treatment Partial
 w/Wires
 Duracetal
 Space Maintainer

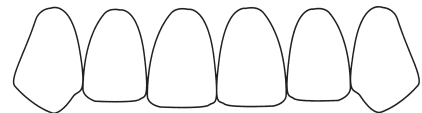
- Genisis Digital Denture Add AED
 Denture
 Bite Rims
 Custom Tray
 Dual Comfort
 Mouthguard
 Anti-Snore Appliance
 Processed Night Guard/Splint
 Repair/Reline/Rebase
 Other - Specify Below
 Try-In
 To Completion

Design Case



Characterization

Send study models & email digital photos for anterior work



Shade:

Finish:

Try-in:

- Please call regarding this case.

Next Appointment

Date _____ Day _____ Time _____
Multiple unit cases require more time. Call for scheduling needs.

Doctor's signature/authorized signature _____

Date _____

License # _____

State _____

Terms: Net 30 with a service charge of 1.5% per month on charges over 30 days after statement date. Only if signed, construct and deliver the herein described dental restoration. Client shall be responsible for all fees, costs, charges, and expenses expended or incurred in any suit or action for collection of past due amounts or enforcement of provisions of this Agreement.

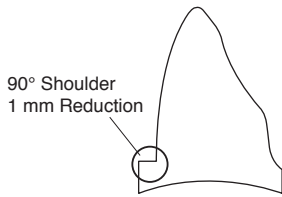
Questions, Please call 847-788-1426

Restoration Checklist and Helpful Suggestions for Optimum Restorations

- Send a bite registration with any cases involving the terminal tooth of the arch or where there is no posterior stop.
- Send a pre-op study model with all anterior cases when possible
- Check for adjacent teeth for proper contact areas, and adjust if necessary.
- Use a single, full arch tray for cases with 3 units or more.
- Take a shade before prepping teeth
- Securely wrap impressions and models, and enclose any restorations in a small box

PREPARATION GUIDELINES

STANDARD PORCELAIN LABIAL MARGIN PREPARATION



ALL-CERAMIC/COMPOSITE PREPARATIONS

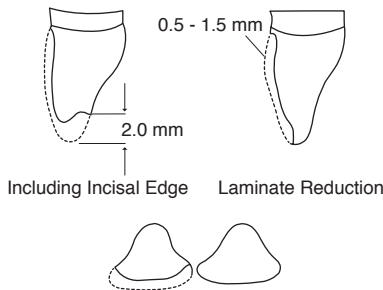
BUCCAL
LINGUAL
INTERPROXIMAL } 1.0 - 1.5 mm
INCISAL 1.5 - 2.0 mm



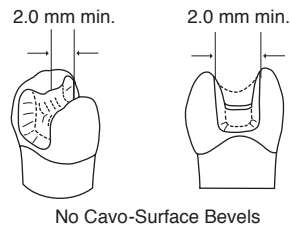
LABIAL
LINGUAL
INTERPROXIMAL } 1.0 - 1.5 mm
OCCLUSAL 1.5 - 2.0 mm



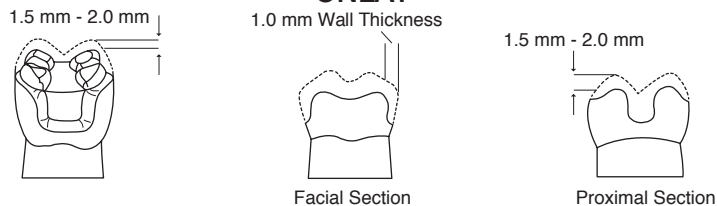
VENEER PREPARATION



INLAY



ONLAY



SECTION 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of person, firm or corporation to construct or repair prosthetic appliances, to furnish a written work order on form approved by Illinois Department of Registration and Education which shall contain:

- (1) Name and address of person, firm or corporation to which work order is directed.
- (2) Patient's name or identification number, and if number is used, patient's name must be written upon duplicate copy retained by dentist.
- (3) Date on which work order was written.
- (4) Description of work to be done, including diagrams if necessary.
- (5) Specification of type and quality of materials to be used.
- (6) Signature of dentist and number of his license.

Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by the Department of Registration and Education or its duly authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

SECTION 5b (3) of the Illinois Dental Practice Act provides: "If a person, firm or corporation receiving a written order from a licensed dentist engages another person, firm or corporation (hereinafter referred to as 'sub-contractor') to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereof on forms prescribed by the Department of Registration and Education which shall contain:

- (a) The name and address of the sub-contractor.
- (b) A number identifying the original work order, which number shall be endorsed on the work order received from the licensed dentist.
- (c) The date on which the sub-work order was written.
- (d) A description of the work to be done by the subcontractor, including diagrams, if necessary.
- (e) A specification of the type and quality of materials to be used.
- (f) The signature of the person, firm or corporation issuing the sub-work order.

"The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy, attached to the work order received from the licensed dentist, for inspection by the Department of Registration and Education or its duly authorized agents, for a period of 3 years in both cases." Failure of laboratories to comply is a misdemeanor.