

DENTAL METRICS

LABORATORY INC.

68323 LEA STREET STE. B • IRON RIVER, WI 54847
merlyn@dentalmetricslab.com • dentalmetricslab.com

715-372-4165

FROM: _____ DATE SENT: _____

CLINIC: _____ APPT. DATE: _____

TYPE OF RESTORATION

FIXED

ALL CERAMIC

- ZIRCONIA
 ZIRCONIA CUT BACK & LAYER
 E-MAX
 E-MAX CUT BACK & LAYER

METAL

- PFM/HIGH NOBLE
 GOLD HIGH NOBLE
 GOLD NOBLE

IMPLANTS

BRAND

- TITANIUM
 ZIRCONIA
 CUSTOM
 STOCK
 SCREW RETAINER
 CEMENTED

SIZE

- TISSUE CONTOUR
 BLANCHING
 NON-BLANCHING

SUB GINGIVAL MARGIN DEPTH

- DEFAULT 1MM FACIAL .75MM L / M / D
 OTHER ___F ___L ___M ___D

PONTIC DESIGN: _____

METAL DESIGN: _____

PATIENT NAME: _____ AGE: _____



SHADE: _____

STUMP SHADE: _____

REMOVABLE

- BITE SPLINT HARD SOFT
 NIGHT GUARD SOFT
 BLEACHING TRAY
 SPORTS GUARD STRAP
 ANTERIOR DEPROGRAMMER

DIGITAL DENTURES

- MAXILLARY DENTURE
 MANDIBULAR DENTURE
 AVADENT MONOLITHIC MILLED
 AVADENT MONOLITHIC MILLED/BONDED
 IMPLANT SUPPORTED HYBRID
 IMMEDIATE DENTURE

PARTIALS

- CAST FRAME
 FLEX PARTIAL DURA FLEX VALPLAST

ATTACHMENTS

- ZEST ERA OTHER _____

NOTES:

DENTIST SIGNATURE: _____ LICENSE #: _____