



16404 Nineteen Mile Rd.  
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DOCTOR \_\_\_\_\_ (LAST, FIRST)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_

**PAN NUMBER - OFFICE ONLY**

<b>PATIENT NAME</b>	<b>SHADE</b>	<b>MUST ALLOW 12 WORKING DAYS</b>	<b>DUE DATE</b>
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**Porcelain to Metal Preference\***

- Non-Precious
- Noble
- High Noble White
- Captek Crown

\*NOTE: There is a surcharge if alloy is over 1 gram per unit.

**Metal Free Restorations**

- E.MAX
- Veneered Zirconia
- Full Zirconia Crown
- Composite Crown Inlay/Onlay

**Full Metal Restorations\***

- Full Cast Crown (Noble White)
- Full Cast Crown (Noble Yellow)
- Full Cast Crown (High Noble White)
- Full Cast Crown (High Noble Yellow)

\*NOTE: There is a surcharge if alloy is over 2 grams per unit.

**Metal Collars**

- Lingual       Distal
- Mesial       Buccal
- 360°

**Porcelain Shoulder**

**Partials**

- Cast Partial Frame
- Bite Blocks
- Partial - Set-Up
- Partial - Finish
- Cast Partial Complete with Teeth

**Dentures**

- Base Plate & Rims
- Denture - Set-Up
- Denture - Finish
- Denture Set & Finish
- Flipper Set & Finish

**Denture Base Color**

- 199
- LRP
- Light Pink
- Light MEH
- Medium MEH
- Dark MEH

**TCS Partials**

- TCS - Flexible Partial
- TCS Set-Up
- TCS Finish

**Night Guards**

- Hard
- Hard/Soft

**TCS Base Shades**

- Light Pink       Light MEH
- Pink               Med. MEH

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Please Send:     Rx       Boxes

Dr. Signature \_\_\_\_\_ DDS License # \_\_\_\_\_

Client agrees to all terms and conditions as specified on reverse of form.