

**Ally Dental Specialties
Dental Lab Division**

Email: Allydentalhelp@gmail.com

Phone: 805-834-1066

Dentist: _____

Address: _____

City/State/Zip: _____

Phone: _____

Address: 967 w 7th St, Oxnard CA 83030

RX DATE	DUE DATE

Patient's Name _____ DOB _____

Enclosed: Impresion: Bite: Models: Photos: Other: _____

REMOVABLE RESTORATIONS	
Upper/ Lower <input type="checkbox"/>	Toothshade _____
Metal Partial <input type="checkbox"/>	Stayplate <input type="checkbox"/> Resin Partial <input type="checkbox"/> Full Dentures <input type="checkbox"/> Flexible Partials <input type="checkbox"/>
A- Custom Trays <input type="checkbox"/>	F- Bleaching Tray <input type="checkbox"/>
B- Framework <input type="checkbox"/>	G- Athletic Mouth Guard <input type="checkbox"/>
Standard Chromium Cobalt <input type="checkbox"/>	H- Night Guard <input type="checkbox"/>
Premium Vitallium 2000 <input type="checkbox"/>	
C- Bite Registration <input type="checkbox"/>	
D- Teeth Set Up <input type="checkbox"/>	
[Economy] [Plus] [Premium]	
E- Process/Finish	
Standard Acrylic <input type="checkbox"/>	
Premium Lucitone <input type="checkbox"/>	
Select Shade: Pink Dark <input type="checkbox"/> Pink <input type="checkbox"/> Veined <input type="checkbox"/>	

REPAIR
A- Add tooth to partial Economy <input type="checkbox"/> Plus <input type="checkbox"/> Premium <input type="checkbox"/>
B- Reline <input type="checkbox"/>
C- Rebase <input type="checkbox"/>
D- Metal Mesh <input type="checkbox"/>

Tooth: _____ Gingival: _____
SHADE: _____ Body: _____
Incisal: _____



PFM	All Ceramic	Zirconis	Full Cast
<input type="checkbox"/> Non-Precious	<input type="checkbox"/> IPS E.max	<input type="checkbox"/> PFZ	<input type="checkbox"/> Yellow Gold
<input type="checkbox"/> Semi- Precious	<input type="checkbox"/> Inlay/Onlay	<input type="checkbox"/> BruxZir Solid	<input type="checkbox"/> White Gold
<input type="checkbox"/> Yellow Gold	<input type="checkbox"/> Veneers	<input type="checkbox"/> Zir Lingual	<input type="checkbox"/> Semi-Precious
<input type="checkbox"/> White Gold		<input type="checkbox"/> Zir Occlusal	<input type="checkbox"/> Non-Precious

Pontic

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full RIDGE	Partial RIDGE	Modified Partial Ridge	Deep Into Gum

Metal Design

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Metal Lingual	Full Porcelain Coverage no metal exposed	Metal Lingual Collar	3/4 Metal Lingual	Metal Lingual Collar	Metal Margin	1/2 Metal occlusal	Full Metal occlusal

Occlusal Contact: Open Ligth Heavy

Proximal Contact: Ligth Normal Tigth

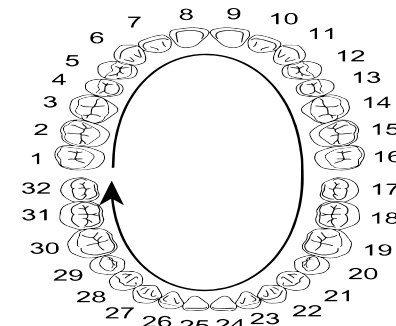
Embrasure: Close Normal Open for Cleaning

Occlusal Staining: None Ligth Medium Heavy

NOTES

Note: All work requires 7 business days turnaround time.

SPECIFIC INSTRUCTION



License #	Signature	DATE	Same Day	24 Hr Next Day
			<input type="checkbox"/>	<input type="checkbox"/>