



DIAMONDHEAD DENTAL LAB

1147 East Rosewood Ln. #2
Layton, UT 84041
Tel : 801-544-4011
Fax : 801-529-1201
Diamondheaddentallab@gmail.com

Dr. Name _____ Due Date _____

Address _____ Phone # _____

Patient _____ Male Female Age _____

SPECIAL SHADE INSTRUCTIONS

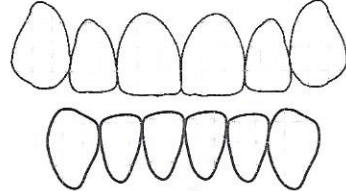
PFM
(Alloy Type)

Non-Precious
 Semi-Precious
 High Noble
 Bio 2000 (99.7% Gold)

ALL CERAMICS

Layered Zirconia
 Full Contour Zirconia
 IPS E.max

Procera
 Esthetic Full Contour Zirconia



ANTERIOR

3/4 Metal Lingual
 Full Porcelain Lingual

POSTERIOR

Metal coping all porcelain coverage
 Metal occlusal excluding buccal cusp
 Metal occlusal including buccal cusp

PONTIC DESIGN

SHADE

Ging. Shade _____
Inc. Shade _____

Shade _____
Stump Shade _____

Call Me

Incisal Only

White |-----| Dark Grey

Texture

Smooth |-----| Round

OCCUSAL STAIN

None Medium
 Light Dark

FULL CAST RESTORATIONS

Noble - Cast 60* (56% AU)
 Noble - Cast 67 (64% AU)
 Occlusal Gold (73% AU)
 JRVT (77% AU)
 Non Precious Gold

BUCCAL MARGIN DESIGN

Metal Hairline or _____mm on Buccal
 Metal - Porcelain Junction Margin
 Porcelain Butt Margin (90% Shoulder Req.)

IF NO OCCUSAL CLEARANCE

Spot Opposing
 Reduction Coping
 Metal Occlusion

Special Instruction

Promo Code _____

D.D.S. Signature _____ Date _____

CHARGE TERMS: Net 30th of month following date of invoice. A service charge of 2% per month will be charged on all past due amounts. If account is referred to collection, purchaser agrees to pay any collection costs incurred including reasonable attorney's fees, filing fees, & court costs.