



# DIAMONDHEAD DENTAL LAB

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Today's Date: \_\_\_\_\_  
 Requested Due Date: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_  
 Office Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Pt. Name & Age: \_\_\_\_\_

FILL IN OR ATTACH BUSINESS CARD

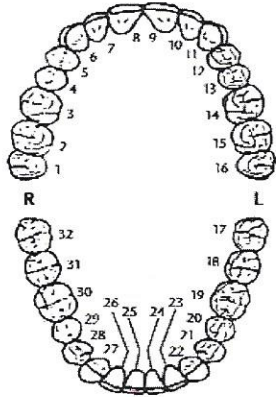
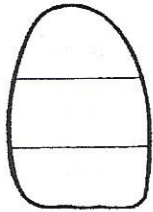
Case will be delivered by 5PM.  
Do not schedule patient for same day

Male  
 Female

- Analogs Included with Case
- Dr. Office to Order Analogs
- Lab to Provide Analogs

**Specify shade:** \_\_\_\_\_ **Specify tooth numbers:** \_\_\_\_\_

Final Tooth Shade: \_\_\_\_\_  
 Pink Porc. at Gingiva?



IMPLANT MANUFACTURER	TYPE & DIAMETER	TOOTH NUMBER

**Abutment Circumference Options** (Select only one)

<input type="checkbox"/> NO TISSUE DISPLACEMENT  Smallest circumference abutment	<input type="checkbox"/> SUPPORT TISSUE  Medium circumference abutment	<input type="checkbox"/> CONTOUR SOFT TISSUE  For prepped or sculpted tissue cases	<input type="checkbox"/> FULL ANATOMICAL DIMENSIONS  Largest circumference abutment. May require surgical placement.
<b>OUR DEFAULT</b>			

PLEASE provide a copy of the Surgical Note.  
 PLEASE keep a copy of this completed RX for your files.

**Please select your abutment:**

	Titanium	Gold Shaded Titanium	Zirconia (shades 00,10,20,30)
Semi-Precious PFM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-Noble PFM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPS Emax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Layered Zirconia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Zirconia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Screw Retained

All abutments are custom specific anatomical abutments.  
 Stock abutment pricing available upon request.

All implant restoration prices are all-inclusive including price of restoration, soft tissue duplication, positioning jig, and shipping.

Margins	Default
Buccal/facial:	1.0 mm subgingival
Distal:	0.75 mm subgingival
Mesial:	0.75 mm subgingival
Lingual:	0.5 mm subgingival

**Clinician specified** (if different from default)

Buccal/facial: \_\_\_\_\_  
 Distal: \_\_\_\_\_  
 Mesial: \_\_\_\_\_  
 Lingual: \_\_\_\_\_

Type: Shoulder  Chamfer

**Additional case notes:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Surgeon Promo      Surgeon Name \_\_\_\_\_

Enclosures: \_\_\_\_\_

Dr. Signature \_\_\_\_\_