MAGELLAN
DENTAL ARTS

Magellan Dental Arts
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DR. NAME _____

ADDRESS _____

PATIENT'S NAME _____ ☐ Female ☐ Male Age _____

DUE DATE (for delivery by 5 pm) _____

MINIMUM DAYS REQUIRED FOR DELIVERY BACK TO DOCTORS OFFICE

ROUTINE CROWN AND BRIDGE / IMPLANT CASES (4 UNITS OR LESS)	**10 BUSINESS DAYS**
LAYERED ZIRCONIA CROWNS AND CUSTOM ABUTMENTS	**13 BUSINESS DAYS**
COMPLICATED CASES (5 UNITS OR MORE)	**PLEASE CALL US**

TOOTH NUMBERS (please circle)

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

RESTORATION

- ☐ IPS e.max
- ☐ FC Zirconia
- ☐ PFZ
- ☐ Full Metal
- ☐ PFM
- ☐ Composite

ALLOY

- ☐ High Noble (85.9% Au)
- ☐ High Noble (52.5% Au)
- ☐ Semi-Precious (Cerapall 2)
- ☐ Non-precious (Ivoclar)

IMPLANTS

Implant System: _____

Implant Specifications: _____

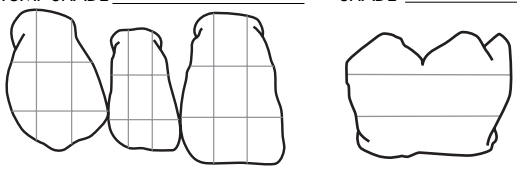
Platform Size: _____

- ☐ Internal ☐ External
- ☐ Analogs included
- ☐ Abutments included
- ☐ Cement-retained
- ☐ Screw-retained

SHADE

Occlusal Stain: ☐ None* ☐ Light ☐ Medium ☐ Dark

STUMP SHADE _____ SHADE _____



☐ EMAIL PHOTOS TO: info@magellandental.com

PONTIC DESIGN (please circle)

OCCLUSION

- ☐ Porcelain
- ☐ 2/3 Metal
- ☐ Metal
- ☐ Positive Contact
- ☐ Foil Relief
- # of Foils: ____

INTERPROXIMAL CONTACTS

- ☐ Normal *
- ☐ Broad

MARGIN DESIGN

* Standard unless specified otherwise

PLEASE SEND:

- ☐ Boxes
- ☐ Rx's
- ☐ Waybills
- ☐ Bags

Rx

Signature of Dentist: _____
(Person signing this authorization accepts sole responsibility for payment)

Date: _____

We are looking forward to working on your case!

FOR LAB USE

CASE #:
Ingot Used:
Wax-up & Metal:
Ceramic:
Quality Check:

FOR OUR TERMS, POLICIES AND CONDITIONS PLEASE VISIT MAGELLANDENTAL.CA