

DR. NAME _____

ADDRESS _____

PATIENT (first & last name) _____

MINIMUM DAYS REQUIRED FOR DELIVERY BACK TO DOCTORS OFFICE

ROUTINE CROWN AND BRIDGE / IMPLANT CASES (4 UNITS OR LESS)	10 BUSINESS DAYS
CUSTOM PROCERA CROWNS AND ABUTMENTS	15 BUSINESS DAYS
COMPLICATED CASE (4 UNITS OR MORE)	PLEASE CALL US

DUE DATE (for delivery by 5 pm) _____

TEETH 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

ALL CERAMIC

- IPS e.max®
- BelleGlass™ Composite
- Full Contour Zirconia
- Other (specify) _____
- Porcelain Fused to Zirconia _____

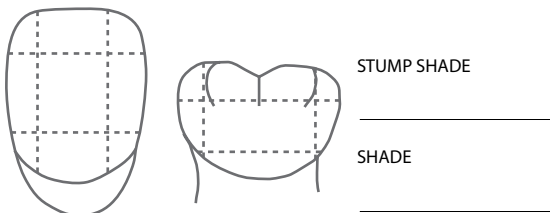
CERAMO METAL (PFM)

- High Gold Alloy
- Non-Precious
- Low Gold Alloy
- Other (specify) _____

FULL METAL

- High Gold Alloy
- Non-Precious
- Low Gold Alloy
- Other (specify) _____

SHADE



EMAIL DIGITAL PHOTOS TO: info@magellandental.com

PONTIC DESIGN (please circle)



OCCCLUSION

- Light - 0.3 mm spacer
- Medium - 0.1 mm spacer
- Heavy – positive contact

INTERPROXIMAL CONTACTS

- Broad
- Normal

OCCLUSAL DESIGN

- Metal
- Combination
- Porcelain _____

MARGIN DESIGN

- Porcelain Butt 180° Lingual in metal
- Porcelain Butt 360° (butt requires > 0.5mm shoulder/ chamfer prep)
- Metal-porcelain junction
- Fine Metal

IMPLANT CASES

- Laboratory provides: Analog Abutment Screw _____
- Dentist provides: Analog Abutment Screw _____
- Please call me about this case. Phone #: _____

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

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



Rx _____

PLEASE SEND:

- Rx's
- Waybills
- Boxes
- Bags

Form 7.2-1-1 Rev.B

Top Copy: Lab
Bottom Copy: Doctor