



Reliable Dental Lab

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www.rdlldental.com

Texas Reg #2827

We accept all digital files and scans at photo@rdldental.com

Please email photos to: photo@rdldental.com

Date: _____

Date Requested: _____

Practice: _____

Dr. Name: _____

Patient Name: _____

Age: _____ ☐ Male ☐ Female

ALL CERAMICS

- ☐ Full Contour Zirconia
- ☐ Layered Zirconia
- ☐ IPS e.max

PORCELAIN TO METAL

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble

FULL CAST

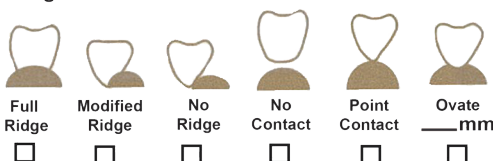
- ☐ Non Precious
- ☐ Semi Precious
- ☐ High Noble
- ☐ Yellow
- ☐ White

METAL DESIGN

- ☐ Metal Lingual Collar
- ☐ 360° Metal Collar
- ☐ Metal Occlusal
- ☐ Metal Lingual (Anterior Only)
- ☐ Cingulum Rest
- ☐ Occlusal Rest
- ☐ No Metal Showing

PONTIC DESIGN

Ridge Relief ☐ Yes ☐ No _____ mm



IMPLANTS

Indicate Implant System _____

Implant Platform _____
Size _____ Length _____

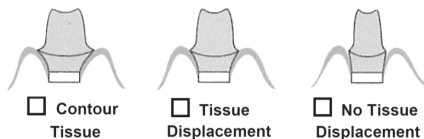
IMPLANT ABUTMENT

- ☐ Custom Titanium Abutment
- ☐ Custom Zirconia Abutment
- ☐ Stock Abutment
- ☐ Gold Hue

IMPLANT CROWN TYPE

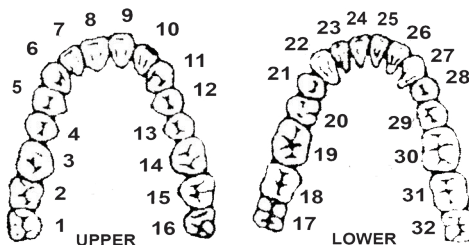
- ☐ Screw Retained
- ☐ Cement Retained

ABUTMENT EMERGENCE PROFILE



PORCELAIN BUTT MARGIN

- ☐ Buccal
- ☐ 360°



IF NO OCCLUSAL CLEARANCE

- ☐ Adjust Opposing
- ☐ Metal Occlusal
- ☐ Make A Permanent Preference
- ☐ Metal Island
- ☐ Reduction Coping
- ☐ Phone Call

SHADE DETAILS

Tooth Shade: _____

Stump Shade: _____

Tissue Shade: _____



*Please note removable cases can only have one shade.

- ☐ Upper
- ☐ Custom Tray
- ☐ Try-in With Teeth
- ☐ Lower
- ☐ Bite Block
- ☐ Finish

PARTIALS

- ☐ Acrylic: 1-2 Teeth
- ☐ 3-4 Teeth
- ☐ 5-6 Teeth
- ☐ 7-9 Teeth
- ☐ 10 or more Teeth
- ☐ Flexible Partial
- ☐ Cast Partial
- ☐ Frame Only

NIGHTGUARDS SPLINTS

- ☐ Thermoguard
- ☐ Hard/Soft
- ☐ Hard (Clear Acrylic)
- ☐ NTI
- ☐ Sports Guard
- ☐ Essix
- ☐ Dual Laminate

FULL DENTURE

- ☐ Standard
- ☐ Premium
- ☐ Immediate

IMPLANT DENTURE APPLIANCE

- ☐ Screw-Retained Hybrid Denture
- ☐ Screw-Retained Solid Zirconia Hybrid
- ☐ Locator Overdenture
- ☐ Locator Bar Overdenture
- ☐ Implant Verification Jig

REMOVABLE EXTRAS

- ☐ Hard Reline
- ☐ Soft Reline
- ☐ Bleaching Tray
- ☐ Rebase
- ☐ Repair
- ☐ Patient ID
- ☐ Wrought Wire
- ☐ Ball Clasp
- ☐ Akers Clasp
- ☐ T Clasp

Additional Instructions: _____

Dentist's Signature: _____ License Number: _____