

CrossDigital Dental Laboratory  
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# CrossDigital

Dental Laboratory

For Office Use ONLY



Doctor Name: \_\_\_\_\_

Finish Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male / Female

## FIXED RESTORATIONS

- Temporaries
- Diagnostic Wax Up
- All Ceramic
  - I.P.S E-MAX
  - LiSi Press
  - Layered Zirconia
  - Solid Zirconia
- Implants
  - Screw Retained
  - Zirconia Over Custom Abutment

Shade: \_\_\_\_\_

Prep Shade: \_\_\_\_\_



## OCCUSAL STAIN:

- None  Light  Medium  Dark

## IF INSUFFICIENT ROOM:

- Reduce and Mark  Please Call  Reduction Coping

## CONTACT INSTRUCTIONS

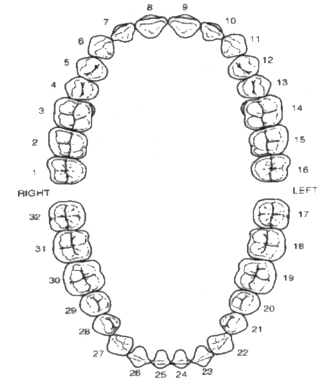
- Light or
- Tight Occlusal
- Light or
- Tight Mesial
- Light or
- Tight Distal

## PONTIC DESIGN:

- OVATE    FULL LAP    BUCCAL LAP    SANITARY CONTACT    SANITARY SPACED



## CIRCLE TEETH/DESIGN CASE:



Standard turnaround for best prices (garenteed 2 weeks from day of receipt)

Rush service for an additional charge (if rush service is required, specify date/time needed) \_\_\_\_\_

Dentist: \_\_\_\_\_

Signature: \_\_\_\_\_

License #: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate/Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Terms: Net 25 days, 2% interest per month (24% per year) will be charged on all overdue balances. I agree to pay reasonable attorneys;s fee and collection cost if this account is referred for collection.