



CERTIFIED DENTAL
LABORATORY

Slagle - Kiser

Dental Ceramics, Inc.
7811 East Main Street
Reynoldsburg, Ohio 43068
614-861-4483 * 614-861-5169
FAX 614-861-5738 * www.slaglekiser.com
Toll Free 866-861-4483

LAB USE

DOCTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT _____ PATIENT # _____

PLEASE SEND
RX FORMS

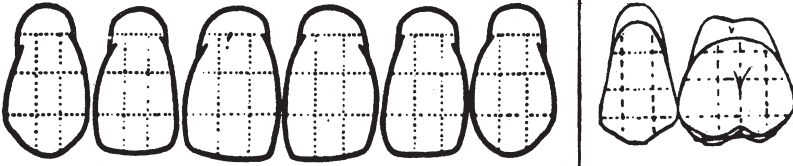
DATE _____ SEX _____ AGE _____ SHADE _____

Crown No.	Bridge No.	Inlay	No.
		Onlay	

PLEASE CHECK APPROPRIATE BOXES	Full Contour Zirconia
Porcelain Noble <input type="checkbox"/> (semi)	Layered Porcelain to Zirconia
Porcelain-High Noble <input type="checkbox"/> (gold) white / yellow	IPS e.max®
Porcelain-Predominately Base <input type="checkbox"/> (NP)	Indirect Composite
Porcelain Butt Shoulder Margin	Post & Core Metal Composite
Porcelain Facial Margin (Conventional)	Diagnostic Wax Up
Metal Facial Margin	Surgical Guide
Metal Occlusal	PMMA Provisional
Full Alloy Crown	
Porcelain Occlusal white / yellow	

Implant Preference

<input type="checkbox"/> Cement Retained	<input type="checkbox"/> Titanium Abutment
<input type="checkbox"/> Screw Retained	<input type="checkbox"/> Zirconia Abutment
<input type="checkbox"/> Lab Cement	<input type="checkbox"/> Anodize Abutment
<input type="checkbox"/> Dr. Cement	<input type="checkbox"/> Opaque Abutment except digital workflow
<input type="checkbox"/> Screw Retained One Piece UCLA	
<input type="checkbox"/> Micro Vent	



Pontic Design

Ovate  Ridge Lap  Mod. Ridge Lap  Sanitary  Mod. Sanitary 

Remarks:

TRY IN { _____ DATE

METAL { _____ HOUR

BISQUE { _____ DATE

FINISH { _____ HOUR

Doctor's Signature _____

License Number _____