PAN-AM DENTAL LABORATORY

SEE EMAIL FOR DELIVERY DATE - ALLOW 10 IN-LAB DAYS, 15 FOR IMPLANTS

DOCTOR: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PATIENT: _____ EMAIL: _____

❑ **RUSH $40** / UNIT SEND PHOTOS TO: **PHOTOS@PANAMDL.COM**

CERAMIC RESTORATIONS

❑ EMAX
TOOTH # _____

❑ Full Zirconia
TOOTH # _____

❑ Porcelain Fused to Zirconia
❑ Porcelain Facial Only
TOOTH # _____

PORCELAIN FUSED TO METAL

❑ Porcelain to Non-Precious
❑ Porcelain to Noble*
❑ Porcelain to High Noble*
❑ Porcelain to Yellow Gold* Premium Price
❑ Metal Occlusion
❑ Porcelain Butt Margin
TOOTH # _____

FULL CAST RESTORATIONS

❑ Non-Precious ❑ Yellow-Non Precious
❑ White Noble* ❑ Yellow - Noble*
❑ White High Noble* ❑ Yellow - High Noble*

TOOTH # _____
*Metal charges may apply

IMPLANTS

IMPLANT BRAND: _____
SIZE: _____

RESTORATION TYPE:

❑ Cement Retained ❑ Screw Retained

CUSTOM ABUTMENT MATERIAL:

❑ Titanium ❑ Gold-Hue ❑ Zirconia

CROWN MATERIAL:

❑ Full Zirconia ❑ EMAX
❑ Zirconia/Porcelain ❑ PFM

OVERDENTURE/HYBRID: (CALL FOR INFO/PRICING)

❑ Fixed (SCREW RETAINED)
❑ Removable (W/ATTACHMENTS)
❑ **Implant Surgical Guide**

REMOVABLE RESTORATIONS

❑ **UPPER** ❑ **LOWER**

DENTURE

❑ Standard Full (3 LAYER TEETH)
❑ Premium Full (5 LAYER TEETH)

STAGE

❑ Framework Try-In
❑ w/WAX RIM
❑ Wax Rim
❑ Set-Up for Try-In
❑ Process & Finish
❑ One Stage-Complete

ACRYLIC SHADE

❑ Light
❑ Medium
❑ Dark
❑ Light Meharry
❑ Meharry
❑ Clear

PARTIALS

❑ Cast Metal
❑ w/VALPLAST CLASPS
❑ Vitalium® - PREMIUM
❑ w/VALPLAST® CLASPS
❑ Acrylic w/Wire Clasps

METAL-FREE PARTIALS

❑ Valplast®
❑ Duracetal
❑ Cu-Sil

SLEEP APPLIANCES

❑ NTI ❑ Dorsal Fin ❑ EMA

NOTES _____

MOUTHGUARD/BITE SPLINT

OPTIONS
❑ **UPPER** ❑ **LOWER**

❑ Soft
❑ Hard/Soft Combo
❑ Hard Acrylic
❑ Thermoplastic (ADJUSTABLE IN HOT WATER)

ORTHODONTIC

RETAINERS
❑ Hawley ❑ Clear Essix

SPACE MAINTAINERS
❑ Lower Lingual Arch ❑ Band & Loop (U/L)
❑ Essix Retainer ❑ Nance

NEW PRODUCT!

❑ PAN-AM PRECISE CLEAR ALIGNER SYSTEM
EMAIL ALIGNERS@PANAMDL.COM
FOR ORDER FORM & INSTRUCTIONS

OCCLUSION

❑ Out ❑ Light ❑ Heavy

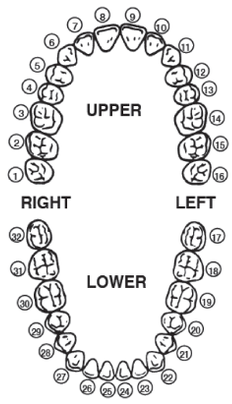
IF NO OCCLUSAL CLEARANCE

❑ Metal Occlusion ❑ Trim Opposing
❑ Reduction Coping ❑ Call Doctor

PONTIC DESIGN

Rx SPECIFIC INSTRUCTIONS

TOOTH SHADE: _____



SIGNATURE: _____ DATE: _____ LICENSE: _____