



Riverside Designs

Dental Laboratory, Inc.

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Website: riversidedentallab.com

Lab Use Only

Case Pan # _____

Date Received: _____

From _____ Date _____
 Doctor _____
 Address _____
 City _____ State _____ Zip _____
 AM AM
 Date Wanted: **Try-In** PM **Finish** PM

Patient Information

Patient's Name _____
 Phone Number _____
 Any Known Diseases: _____
 Age: _____ Sex: M F

Please Send: RX Forms Boxes Other _____

Porcelain

- PFM
- PFM with Porc. Butt Margin
- PFM with Metal Collar
- Porcelain Facing With Metal Occlusion
- Captek Crown
- Maryland Bridge

Metal

- Full Gold
- Full Alloy
- Gold Inlay
- Gold Onlay
- Gold Post
- Metal Framework (one piece)
- Metal Framework (for solder or laser weld)
- Laser weld

Metal Types

- High Noble
- Semi Precious
- NP

Zirconia Crown

E-MAX Pressable

- E-MAX Inlay
- E-MAX Onlay
- E-MAX Laminate
- E-MAX Crown

Implant

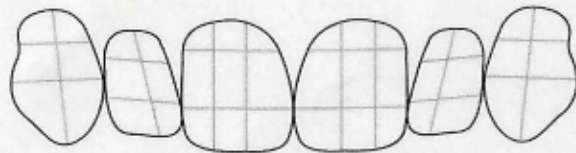
- Titanium Abutment
- Zirconia Abutment
- Screw Retained Abut (your choice of material)

Other

- Diagnostic Wax-up
- Processed Temps
- Study Models/Neat Bases

Shade: _____ Custom Shade

Additional Instructions



Occlusion Staining

- None Light Moderate Heavy

Signature _____

Dentist License Number _____