

# Bay View Dental Laboratory, Inc.

1207 Volvo Parkway • Chesapeake, VA • 23320 • (757) 583-1787 phone • (757) 583-8878 fax • www.bvdl.com

LAB USE ONLY

ORDER DATE \_\_\_\_\_ DUE DATE \_\_\_\_\_

**TECHNICIAN REQUEST**

- First Available  
 Only \_\_\_\_\_

PATIENT NAME \_\_\_\_\_  MALE  FEMALE AGE \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

TECHNICIAN NAME \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

**FIXED RESTORATIONS**

<b>ZIRCONIA CERAMICS</b> <input type="radio"/> Layered <input type="radio"/> Porcelain Margin <input type="radio"/> Pressed & Stained <input type="radio"/> Full Contour <input type="radio"/> Telescopic Coping  <input type="radio"/> Images Enclosed / Email <input type="radio"/> Prep Shade _____ <input type="radio"/> Shade _____ <input type="radio"/> Call Doctor	<b>ALL-CERAMIC/E-MAX</b> <input type="radio"/> Pressed & Layered <input type="radio"/> Pressed & Stained <input type="radio"/> Porcelain Inlay/Onlay  <input type="radio"/> Cosmo-post <input type="radio"/> Feldspathic Veneer	<b>METAL CERAMICS</b> <input type="radio"/> Full Coverage <input type="radio"/> Metal Occlusal/Lingual  <input type="radio"/> Porcelain Margins <input type="radio"/> No Facial Collar <input type="radio"/> Metal Facial Collar  <input type="radio"/> High Noble Alloy <input type="radio"/> Noble Alloy	<b>CROWN &amp; BRIDGE</b> <input type="radio"/> Full Cast Crown <input type="radio"/> Inlay/Onlay <input type="radio"/> Post & Core <input type="radio"/> Telescopic Coping  <input type="radio"/> High Noble Alloy <input type="radio"/> Noble Alloy
--	---	---	--

TRY-IN     BISQUE BAKE     FINISH & GLAZE

**IMPLANT RESTORATIONS**

<b>ABUTMENTS</b> <input type="radio"/> CAD/CAM Titanium <input type="radio"/> CAD/CAM Zirconia <input type="radio"/> Milled Stock <input type="radio"/> Cast Custom  <input type="radio"/> Screw Retained <input type="radio"/> Cemented  <input type="radio"/> Call About Design <input type="radio"/> Call About Estimate <input type="radio"/> Call Doctor	<b>TYPE RESTORATION</b> <input type="radio"/> FP-1 Anatomic Crown <input type="radio"/> FP-2 Anatomic Crown Plus Root Replacement <input type="radio"/> FP-3 Anatomic Crown Plus Soft Tissue Replacement Gingival Shades: <input type="radio"/> G1 <input type="radio"/> G2 <input type="radio"/> G3 <input type="radio"/> G4 <input type="radio"/> G5 <input type="radio"/> RP-4 Tooth/Implant Supported Removable Prosthesis <input type="radio"/> RP-5 Tissue/Implant Supported Removable Prosthesis  <input type="radio"/> Hybrid/Fixed Detachable Denture Gingival Characterization: _____
--	---

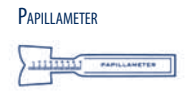
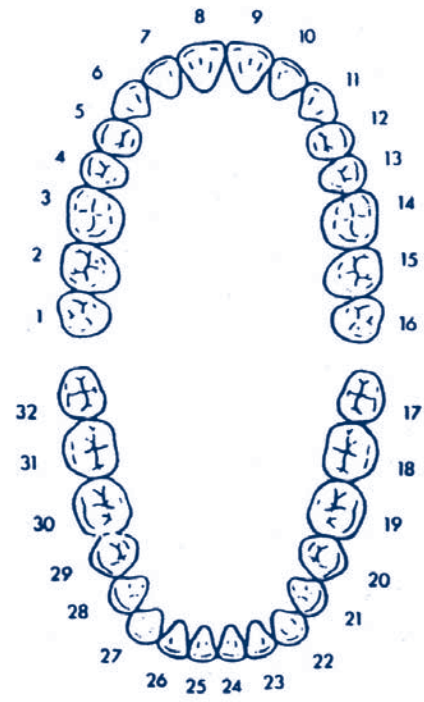
SET-UP     RESET

**REMOVABLE RESTORATIONS**

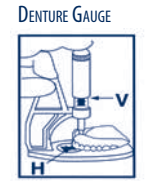
<b>PARTIAL DENTURE</b> <input type="radio"/> Precision Partial <input type="radio"/> Conventional Partial <input type="radio"/> Bar Partial <input type="radio"/> Treatment Partial <input type="radio"/> Flipper  Saddle Area <input type="radio"/> Cast Metal Base <input type="radio"/> Acrylic w Metal Mesh	<b>TYPE OF TEETH</b> <input type="radio"/> Composite <input type="radio"/> Custom PFM  Tooth Mold _____ Tooth Shade _____  <input type="radio"/> See Enclosed Design <input type="radio"/> Call About Design <input type="radio"/> Call About Estimate <input type="radio"/> Call Doctor	<b>DENTURES</b> <input type="radio"/> Immediate <input type="radio"/> Turbyfill <input type="radio"/> Custom  <input type="radio"/> Custom Tray <input type="radio"/> Bite Rim  Surface Texture <input type="radio"/> Stippled <input type="radio"/> Smooth  Denture Base Shade _____ Characterize <input type="radio"/> Yes <input type="radio"/> No
--	--	---

PROCESS & FINISH

INVENTORY/LAB USE ONLY



High Lip Line \_\_\_\_\_mm  
 Low Lip Line \_\_\_\_\_mm



V = \_\_\_\_\_mm  
 H = \_\_\_\_\_mm

DDS / DMD \_\_\_\_\_  
 DENTIST SIGNATURE \_\_\_\_\_ DENTIST LICENSE # \_\_\_\_\_  
 WORK AUTHORIZATION FORM: WHITE COPY TO LAB/YELLOW COPY FOR YOUR RECORDS

DATE \_\_\_\_\_

