

Case Information

Doctor: _____
 Address: _____
 Phone: _____
 Patient: _____
 M__ F__ Age: _____ Arch: Upper Lower Both

Turnaround

Due Date: _____
Time: 12:00pm 4:00pm
Patient Appt: _____

Enclosures

Impressions Bite
 Scans Screws
 Master Model Articulator
 Opposing Model Type: _____
 Other: _____
 Scanner Type: _____



WIAND DENTAL
LABORATORY

480.446.7063
www.wiandlab.com

Removable and Implant Prosthetics

Step: Set-up | Try-in Reset Finish Straight to Finish **Shade:** _____

Model Work

- Custom Tray (perf or non)
- Veri Index w/ Custom Tray
- Base & Rim
 - Conventional Base
 - Processed Base (SR Ivocap®)
 - clear pink
- Metal Frame & Bite Rim
- Wax Rim w/ Cast Mesh
- Printed Models

Full Dentures

- Premium Conventional
- Ivotion® Milled (one-piece)
- Ivotion® Multi-Layer
- Economy Milled
- Immediate
- Duplicate/Copy

Denture Design

Teeth:
 Premium Economy

Set Up:

- Ideal
- Characterized
- Follow Wax Rim Contours
- Use Average Values

Finish:

- Smooth Anatomical

Acrylic Shade:

- pink light pink ethnic

Name in Denture Y or N

Print Name: _____ Other: _____

Relines | Repairs

- (preschedule for pick up by 9am)
- Hard Heat-Cured Reline (same day)
 - SR Ivocap® Reline (next day)
 - Soft Reline (next day)
 - Simple Acrylic Repair (same day)
 - Complex Repair (evaluated upon arrival)
 - Add Clasp or Tooth (next day)

Partial Dentures

- All Acrylic (flipper)
 - DuraFlex™ (pink)
 - Printed Acrylic Flipper (same day)
 - Cast Framework (premium)
- Attachments: _____
- SLM Framework (economy)
 - VisiClear™ Framework
 - DurAcetal® Frame (tooth colored)
 - Essix® with teeth

Partial Framework Design

Maxillary:

- Horseshoe Palatal Strap
- Circular Bar (A-P)

Mandibular:

- Lingual Bar Lingual Plate

Clasps:

- I-Bar
- Akers
- Roach (T-clasp)
- Flexible
 - clear tooth-colored

Other: _____

Hybrids and Overdentures

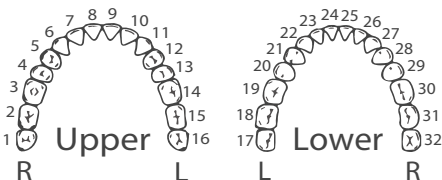
- Zirconia Thimble Hybrid (individual crowns)
 - Zirconia Monoblock w/ Integrated Bar
 - SwissLoc Bar Overdenture
 - Ivotion® Acrylic Hybrid w/ Bar
 - Ivotion® Locator Fixed® Hybrid
 - Primary Milled with Attachments
- Attachment Type: _____

Nightguards | Ortho

- Erkodent® Dual Laminate
- Keysplint® Thermoplastic
- Primotech® Hard
- Comfort H/S™ (from scan no opposing)
- Essix® Retainer

Contact:

- Flat Plane Ant. Guidance Canine Guidance



Fixed and Implant Prosthetics

Prep Shade: _____ Shade: _____ Occlusal Stain: None Light Medium Dark

IPS Emax/GC Lisi

- Esthetic Layer
- Monolithic

Zirconia

- Esthetic Layered
- Multi-Layered (3Y 1200 MPa, 5Y 650 MPa)
- Multi-Shaded (3Y 1200+ MPa)

Diagnostic Wax-Up

- Additive Only Digital Wax
- Hand Wax Prep Kit

Temporary PMMA

Full Cast Base 2% 46%

Ovate _____ mm.



Full Lap



Buccal Lap



Buccal Tip



Sanitary Contact



Sanitary Spaced



Implant Crown

Manufacturer _____

System _____

- Stock Abutment
- Custom Abutment
 - Screw Retained
 - Cement Retained
- OEM parts for final restoration
- 3rd Party parts for final restoration

PFM

- Noble Metal
 - High Noble Metal
- Misc. _____

EMAIL ALL PHOTOS TO PHOTOS@WIANDLAB.COM

Case/Aesthetics Specifics:

Signature of Dentist: _____ License Number: _____ Exp: _____

Signature is required to fill this prescription. Doctor agrees to pay account in full within 30 days of statement and that 2% interest will be charged per month on all past due balances.