



WIAND DENTAL
LABORATORY

480.446.7063
www.wiandlab.com

Case Information

Patient: _____
Doctor: _____
Address: _____
Phone: _____ Age: _____
☐ M ☐ F Arch: ☐ Upper ☐ Lower ☐ Both

Turnaround

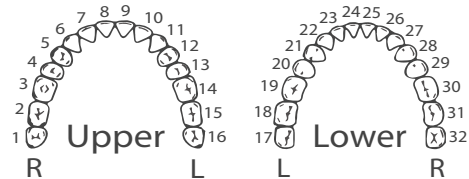
Due Date: _____
Time: ☐ Noon ☐ 4:00pm
Patient Appt: _____

Scan for RX's



Send clinical photos to
photos@wiandlab.com

Removable/Full Arch Implant



Preliminary:

- ☐ Custom Tray (perforated or non)
☐ Base and Rim

Relines/Repairs

(Preschedule p/u by 9am return by 4pm)

- ☐ Hard Heat-Cured Reline (same day)
☐ Soft Reline (next day)
☐ Simple Acrylic Repair/Replace Tooth (some)
☐ Add Clasp/Add Tooth to Partial (next day)
☐ Complex Repair (next day-eval on arrival)

Full Dentures

Step: ☐ Try-in ☐ Finish

Denture Type:

- ☐ Premium Conventional (by hand)
Teeth Options:
☐ Economy (included) ☐ Premium (add'l charge)
☐ Premium Milled Ivotion®
☐ Economy Milled Final
☐ Economy Milled Immediate
☐ Remill from Existing File
☐ Economy ☐ Premium
☐ Copy (exact copy) ☐ Economy ☐ Premium

Finish Options:

- ☐ Smooth ☐ Anatomical

Tissue Shade Options:

- ☐ Pink ☐ Ethnic ☐ Light Pink (conventional only)

Name in Denture: ☐ Yes ☐ No

Print Name: _____

Hybrids & Overdentures

- ☐ Zirconia Thimble Hybrid (individual crowns)
☐ Zirconia Monoblock w/ Integrated Bar
☐ Ivotion® Milled Hybrid w/ Bar
☐ SwissLoc Bar Overdenture
☐ Locator® Overdenture

Attachment Type: _____

Implant System: _____

Partial Dentures

Step:

- ☐ Frame Try-in ☐ Frame/Wax Rim on Saddles
☐ Frame/Teeth in Wax Try-in ☐ Process/Finish

Interim Partials

- ☐ All Acrylic Flipper ☐ w/ Clasps ☐ w/o Clasps
☐ Flexible DuraFlex™ ☐ Unilateral ☐ Bilateral
☐ Printed Same Day Tooth Colored Flipper
☐ Essix® with Teeth
Teeth: ☐ Economy (included) ☐ Premium (add'l charge)

Metal Partials

- ☐ Economy SLM CoCr Frame - Printed
☐ Premium Cast CoCr Frame - Handcrafted

Maxillary:

- ☐ Horseshoe ☐ Palatal Strap ☐ Circular Bar ☐ AP Strap

Mandibular: ☐ Lingual Bar ☐ Lingual Plate

Teeth: ☐ Economy (included) ☐ Premium (add'l charge)

Clasps: ☐ I-Bar ☐ T-Clasp ☐ Akers

☐ Tooth Colored Clasp Shade: _____

Nightguards

Fully Equilibrated Options:

- ☐ Erkodent® Dual Laminate
☐ Clearsplint® Thermoplastic
☐ Hard Milled

Choose Contact:

- ☐ Flat Plane ☐ Anterior Guidance ☐ Canine Guidance

Non-Equilibrated Options:

- ☐ Comfort H/S™ ☐ Essix®

Fixed/Implant

Tooth #(s): _____

Prep Shade: _____ Shade: _____

Occlusal Stain Options:

- ☐ None ☐ Light ☐ Medium ☐ Dark

IP e.Max/GC Lisi

- ☐ Esthetic Layered
☐ Monolithic

Zirconia

- ☐ Esthetic Layered
☐ Monolithic

Diagnostic Wax-Up

- ☐ Additive Only ☐ Digital Wax
☐ Hand Wax ☐ Prep Kit

Temporary ☐ PMMA

Full Cast ☐ 2% ☐ 42% ☐ 58%

Implant Crown

Manufacturer _____

System _____

Please choose one option from each line below

☐ Screw Retained ☐ Cement Retained

☐ Stock Abutment ☐ Custom Abutment

☐ Authentic Parts ☐ 3rd Party Parts

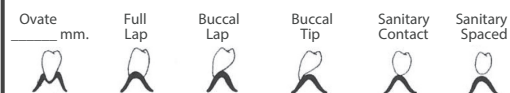
☐ Zirconia ☐ Emax ☐ Gold ☐ PFM ☐ PMMA

Implant Seating Jig ☐ Yes ☐ No

PFM

- ☐ Noble Metal
☐ High Noble Metal

Misc. _____



Case Specifics/Notes:

Shade: _____

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