

BIN# _____
 DATE RECEIVED _____
(For office use only)

DOCTOR _____ CUST.# _____ MM / DD / YY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL (Required) _____
 PATIENT _____

Allow 15 Business Days After Receipt

M M D D Y Y

REQUIRED:

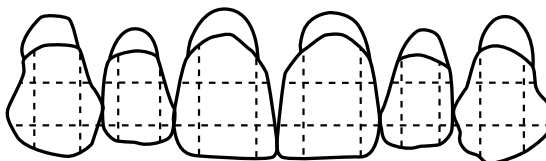
- Full-arch impressions
- No triple trays accepted
- Bilateral bite registration with rigid material

Digital photos strongly recommended for optimal shade results. rx@bicon.com

VITA CLASSIC SHADE
Circle one.
A1 A2 A3 A3.5 A4
B1 B2 B3 B4
C1 C2 C3 C4
D2 D3 D4
Other _____
 Stain? YES NO

INDIVIDUAL / BRIDGE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



Crown and Bridge

- Integrated Abutment Crown™ (IAC)
 - TRINIA® Framework with Polyceramic Application
 - PFM » Alloy: NP N HN *Cemented on abutment?* YES NO
 - Layered Crown: e.Max™ Zirconia *Cemented on abutment?* YES NO
 - Full Contour Crown: e.Max™ Zirconia *Cemented on abutment?* YES NO
- If bridge, frame try in?* YES NO
If limited clearance, adjust opposing? YES NO Call/Email
If adjust opposing: Reduction Coping Mark on Model

TRINIA® Full-Arch Prosthesis

- | | | |
|--------------------------------------|----------------------------------------|----------------------------------------|
| <i>Telescopic Coping:</i> | <i>Teeth:</i> | <i>Opposing:</i> |
| <input type="checkbox"/> Retentive | <input type="checkbox"/> Polyceramic | <input type="checkbox"/> Natural Teeth |
| <input type="checkbox"/> Custom Cast | <input type="checkbox"/> Denture Teeth | <input type="checkbox"/> Denture Teeth |
| ○ With Attachment | | <input type="checkbox"/> PFM |
| ○ Cementable | | <input type="checkbox"/> All-Ceramic |

Removable

- | | | |
|------------------------------------------|-----------------------------------|----------------------------------|
| <i>Type:</i> | <i>Abutment:</i> | <i>Framework:</i> |
| <input type="checkbox"/> Full Denture | <input type="checkbox"/> Brevis™ | <input type="checkbox"/> TRINIA® |
| <input type="checkbox"/> Partial Denture | <input type="checkbox"/> LOCATOR® | <input type="checkbox"/> Metal |

If temporary abutments were used, indicate diameter:

Tooth #	Diameter
_____	_____
_____	_____

Different abutment size OK?

Notes:

PAYMENT: MASTERCARD VISA AMERICAN EXPRESS COD

CARD NUMBER _____ EXPIRES _____

SIGNATURE (Required) _____ LICENSE NUMBER _____

Each Lab Slip constitutes a complete and separate transaction to be invoiced and paid as such. By signing I understand and accept the warranty terms and conditions of Bicon Dental Laboratory. See Bicon Dental Laboratory invoice for warranty, terms, and conditions.