

CASE #

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McTECH DENTAL
BRIDGING TECHNOLOGY AND ARTISTRY

LAB USE:

Phone: (406) 248-9112
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mctechdental@gmail.com

Dr.

PATIENT _____ M F AGE _____

DATE SENT _____ DATE WANTED _____

PONTIC DESIGN

- FULL RIDGE
- PARTIAL RIDGE
- NO RIDGE
- POINT CONTACT
- NO CONTACT

BUCCAL MARGINS

- METAL BAND
- NO METAL BAND
- PORC. BUTT

- RIDGE RELIEF**
- NONE
 - SLIGHT
 - MED
 - HEAVY
- OCCLUSAL**
- METAL
 - PORC

PROXIMAL CONTACTS

- YES
- NO

- IMPLANT
- DIGITAL SCAN
- IMPRESSION SENT

IMPLANT BRAND _____ SIZE _____

- e.max** FULL CROWN
- e.max** VENEER
- e.max** ZIRPRESS
- ZIRCONIA FULL CROWN
- PORC. TO NOBLE
- PORC. TO HIGH NOBLE (YELLOW)
- GOLD FULL CROWN
- GOLD INLAY/ONLAY



SHADE _____ STUMP SH: _____

TOOTH # _____

REMARKS:

Record of Sanitation

Disinfected Materials enclosed: place a check to indicate the material has been disinfected or uncontaminated, provide additional information as requested or applicable.

Full arch or quadrant, Facebow, bite register, stick-bite impression, stone model, old crown or natural tooth and implant parts:

- Material type: _____
- Method of sterilization: _____
- Name of chemical used: _____
- Exposure time: _____

Paper documents and photos

- Unexposed

ITEMS INCLUDED WITH CASE:

- Bite
- CAD/OHM Files
- Diagnostic Wax Up
- Dr.'s Articulator
- Facebow Plate
- Implant Abutment
- Implant Analog
- Impression Coping
- Opposing Impression
- Partial
- Pre-op Impression
- Pre-op Model
- Previous Modelwork
- Stick Bite
- Working Model
- Previous Crown
- Photos Emailed
- Opposing Model Work

Other Items enclosed:

PLEASE SEND: MAILING BOX RX FORMS SANITARY BAGS
 EVALUATION FORMS

Signature _____ License No. _____