

CASE #

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LAB USE:

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mctechdental@gmail.com

Dr. _____

PATIENT _____ M F **AGE** _____

DATE SENT _____ **DATE WANTED** _____

PONTIC DESIGN



- RIDGE RELIEF**
 NONE SLIGHT
 MED HEAVY

- OCCLUSAL**
 METAL
 PORC

BUCCAL MARGINS

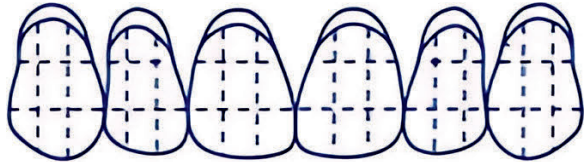
- METAL BAND
 NO METAL BAND
 PORC. BUTT

PROXIMAL CONTACTS

- YES NO

IMPLANT BRAND _____ SIZE _____

- ZIRCONIA FULL CROWN
 e.max FULL CROWN
 e.max VENEER
 PORCELAIN FUSED TO:
 NOBLE
 HIGH NOBLE (YELLOW)
 ZIRCONIA
 GOLD FULL CROWN
 GOLD INLAY/ONLAY



SHADE _____ **STUMP SH:** _____

TOOTH # _____

REMARKS & PATIENT GOALS:

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, Facebook, 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:

- Impression
 Bite
 CAD/OHM Files
 Diagnostic Wax Up
 Dr.'s Articulator
 Facebook
 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
 EVALUATION FORMS SANITARY BAGS

Signature _____ **License No.** _____