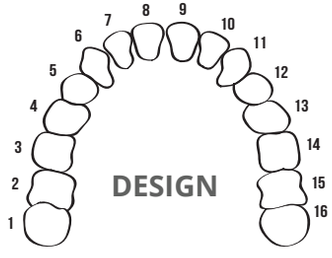
UPS LABELS

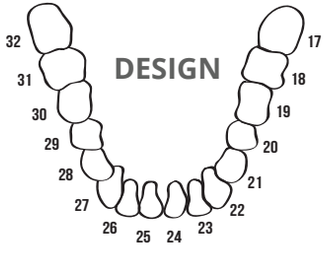
OFFICE		PATIENT'S NAME	
DOCTOR		TODAY'S DATE / /	REQUESTED RETURN DATE / /
ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

™

SHADE

TOOTH NUMBER (S)





FIXED RESTORATION ***CHECK ALL THAT APPLY***

NON METAL

☐ FULL ZIRCONIA ☐ TRANSLUCENT ZIRCONIA ☐ LAYERED ZIRCONIA ☐ EMAX ☐ PMMA TEMP

PFM

☐ NON PRECIOUS ☐ NOBEL ☐ HIGH NOBEL

FULL CAST

☐ NON PRECIOUS ☐ NOBEL ☐ HIGH NOBEL

IMPLANT ***CHECK ALL THAT APPLY***

☐ TITANIUM ABUTMENT ☐ ZIRCONIA ABUTMENT BRAND _____

☐ SCREW RETAINED ☐ CEMENT RETAINED SIZE _____

REMOVABLE RESTORATION ***CHECK ALL THAT APPLY***

☐ UPPER ☐ LOWER ☐ TRY-IN ☐ FINISH

☐ DENTURE ☐ IMMEDIATE DENTURE ☐ BITE BLOCK

SDL FLEX PARTIALS	ACRYLIC PARTIALS	METAL PARTIALS
☐ SDL FLEX BILATERAL	☐ FLIPPER (1 TOOTH ONLY)	☐ METAL FRAME ONLY
☐ SDL FLEX UNILATERAL	☐ ACRYLIC PARTIAL	☐ METAL FRAME W/ACRYLIC
		☐ METAL FRAME W/FLEX (SDL HYBRID)

CLASP TYPE	TISSUE SHADE		REINFORCEMENT
☐ WIRE	☐ LIGHT PINK	☐ MEHARRY	☐ WIRE
☐ FLEX	☐ PINK	☐ DARK MEHARRY	☐ METAL WESH
☐ CLEAR	☐ LIGHT MEHARRY		☐ CAST METAL

ORTHO ***CHECK ALL THAT APPLY***

☐ RAPID PALATAL EXPANDER	☐ HAWLEY RETAINER	☐ BAND AND LOOP	☐ SOFT GUARD
☐ WRAP AROUND HAWLEY	☐ ESSIX RETAINER	☐ HARD GUARD	☐ CLEAR RETAINER
☐ HAWLEY SPRING RETAINER	☐ LINGUAL RETAINER	☐ HARD/SOFT GUARD	☐ SPORTS GUARD
☐ NTI SPLINT	☐ NANCE APPLIANCE		

IF AN ADJUSTMENT IS NEEDED: ☐ ADJUST OPPOSING ☐ ADJUST ABUTMENT ☐ CALL THE OFFICE

REQUIRED

DOCTOR SIGNATURE

REQUIRED

LICENSE#