

ORDERFORM

DOCTOR: _____

PHONE: _____

ADDRESS: _____

CITY: _____

PATIENT: _____

GENDER: _____

DATE DUE
 / /

DELIVERY BY 5PM

LAB USE ONLY

/ /

TIME NOTICE SENT

SPECIAL INSTRUCTIONS:

STUMP SHADE

FINAL SHADE

PRODUCTS

ZIRLITE™
 Monolithic Zirconia
 1250mpa / 48% translucency

ZIRLITE™ Multi
 Multi Layered Zirconia
 750-1250mpa / 44%-49 translucency

OPTIC™
 Monolithic Zirconia
 700mpa / 52% translucency

ZIRMAX™
 Monolithic Zirconia
 1450mpa / 45% translucency

CROWN & BRIDGE

E.MAX™
 300MPA / 45%-52 Translucency

FULL GOLD

NOBLE YELLOW
 40% AU

HIGH NOBLE YELLOW
 58% AU

PRODUCTS

IMPLANT INFORMATION:

Manufacturer _____

System _____

Size _____

MATERIAL SELECTION:

ZIRLITE™

ZIRLITE™ Multi

OPTIC™

OPTIC™ Multi

ZIRMAX™

E.MAX™
*Not available with screw access implants

RETENTION TYPE:

SCREW-RETAINED

CEMENT-RETAINED

TITANIUM HYBRID

SCREWMENTABLE

TITANIUM HYBRID

IMPLANT CROWN

PRODUCTS

3D BITE SPLINT

UPPER LOWER

DIGITAL TEMPS

DIGITAL DIAGNOSTIC

DIGITAL DENTURE:

UPPER LOWER

TRY-IN FINISH

MISCELLANEOUS:

WAX RIM CUSTOM TRAY

REMOVABLES

DENTURE BASE SHADE:

ORIGINAL

LIGHT

LIGHT REDDISH PINK

DARK REDDISH PINK

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

SIGNATURE: _____ LICENSE #: _____

IN-LAB WORKING TIMES

Please allow full working time for each product selected. Working times are not guaranteed. Working times do not include days in transit, weekends or holidays. Please call ahead to preschedule any rush cases.

PRODUCT

DAYS IN LAB

ZIRLITE™ / OPTIC™ / ZIRLITE™ Multi

5

BITE SPLINTS / MOUTH GUARDS

4

FULL GOLD (MILLED)

5

IMPLANTS NON OEM

5

ANTERIOR / 4 OR MORE UNITS

+2

MODEL-FREE

3

DIGITAL DENTURE

7

E.MAX™

7

LAB USE ONLY

DATE
INVENTORY IN
IMPRESSION
BITE REGISTRATION
MODEL

BY	
IMPLANT PARTS IN	
ANALOG	TRANSFER
SCREW	ABUTMENTS
OTHER	

TERMS AND WARRANTY INFORMATION

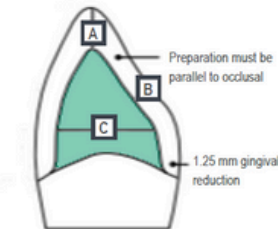
For your convenience we accept CASH, CHECK, VISA, MASTERCARD and AMERICAN EX-PRESS for payment of your balance. Payment Terms: To open an account, a valid credit card must be on file. Payment Preference and Account Authorization forms must be completed and signed to activate account. See forms for complete payment terms.

Forms can be downloaded at: methoddental.com/resources/payment-policy.

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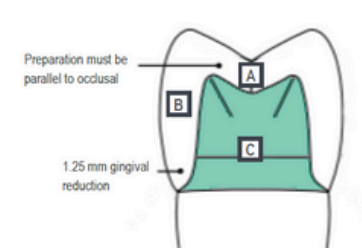
Preparation Guidelines

Full Contour Anterior



- A. 1.5 mm incisal reduction
- B. 1.5 mm middle third reduction
- C. Labial and lingual wall must be convergent

Full Contour Posterior



- A. 1.5 mm occlusal reduction
- B. 1.5 mm middle third reduction
- C. Buccal and lingual wall must be convergent