STEINWAY FISHER
DENTAL LABORATORIES
Your Resource For Predictable Results
24-13 45th Street, 2nd Floor, Astoria, NY 11103
718-721-9450, 212-563 -5577, Fax 718-721-5769
www.steinwaydental.com

ORDER DATE: _____ FINISH DATE _____

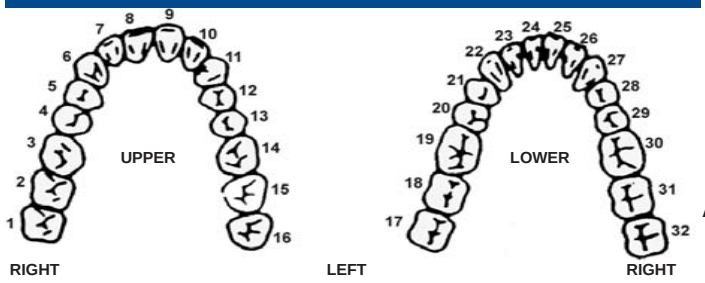
PATIENTS NAME _____

PATIENT'S SEX: ☐ M ☐ F ☐☐ AGE ☐ TRY-IN ☐ COMPLETE

DOCTOR'S NAME _____

INSTRUCTIONS: _____

TEETH INDICATED FOR TREATMENT



ANTERIOR POSTERIOR

PRESCRIBE SHADE _____

INDICATE SPECIAL CHARACTERIZING ON ABOVE DIAGRAMS

CERAMIC/CROWN AND BRIDGE:

SHADE: ☐ SHADE ENCLOSED ☐ DOCTOR WILL TRIM DIES

CROWN and BRIDGE: ☐ CERAMIC ☐ PORCELAIN OCCLUSAL ☐ POST ☐ ALL METAL ☐ METAL OCCLUSAL

ALLOY: ☐ BASE (NON-PRECIOUS) ☐ HIGH NOBLE CERAMIC (WHITE GOLD, 40%, 52%) ☐ NOBLE (PALLADIUM) ☐ HIGH NOBLE CERAMIC (YELLOW GOLD, 74%) ☐ HIGH NOBLE/ALL METAL ONLY (YELLOW GOLD 63%) ☐ CAPTEK

METAL FREE RESTORATION

☐ LAVA ☐ PROCERA ☐ CERCON ☐ GC INITIAL ☐ 3G ☐ OPC ☐ CREATION
☐ PORCELAIN VENEER ☐ SCULPURE FIBRECORE PLUS ☐ CRISTOBAL & BISCO

PONTIC DESIGN: ☐ FULL RIDGE ☐ PARTIAL RIDGE ☐ NO RIDGE ☐ POINT CONTACT ☐ NO CONTACT

FINISH: ☐ METAL COLLAR ☐ NO METAL COLLAR ☐ PORCELAIN SHOULDER

LINE

RESTORATION TYPE: ☐ CROWN INLAY/ONLAY ☐ BRIDGE ☐ FACING

FULL DENTURES / PARTIAL DENTURES

TEETH: ☐ STANDARD ACRYLIC ☐ PORCELAIN ☐ PREMIUM ACRYLIC

ACRYLIC: ☐ STANDARD ☐ MEHARRY ☐ LUCITONE 199 ☐ CU-SIL ☐ SOFT LINER

UPP	LOW	
☐	☐	COMPLETE
☐	☐	CAST FRAME ONLY
☐	☐	CAST ALL METAL
☐	☐	CAST NESBIT
☐	☐	VITALLIUM 2000 PLUS

METAL FREE

☐ VALPLAST ☐ FLEXITE ☐ TCS

☐ TRY IN ☐ FINISH

IMPLANT RESTORATIONS

TYPE _____ ATTACHMENT TYPE: _____

ENCLOSED

☐ ABUTMENT
☐ IMPRESSION TRANSFER
☐ MODEL ANALOG

☐ OVERDENTURE/BAR & CLIP
☐ OVERDENTURE/ATTACHMENT

DOCTORS SIGNATURE _____ LICENSE # _____

PLEASE SEND ☐ BOXES ☐ RX FORMS ☐ USPS LABELS ☐ DHL LABELS