

SUBMIT CASES TO
 1300 N. 7th Ave. #1
 Grand Junction, CO 81501
 www.smilehelperlab.com
 PHONE 970-628-0491
 CLEMONT.ADAMS@GMAIL.COM



Smilehelper Dental Lab

DENTIST _____

ADDRESS _____

Patient: _____

Due Date: _____

FIXED RESTORATIONS

PLEASE CIRCLE ALL THAT APPLY:

RESTORATION TYPE

SINGLE CROWN BRIDGE

MATERIAL SELECTION

EMAX LT* EMAX HT FULL ZIRCONIA PFM

TOOTH # SHADE:

IMPLANT INFORMATION

MINI OCO LEGACY SCREW PLANT
 GO DIRECT OTHER: _____

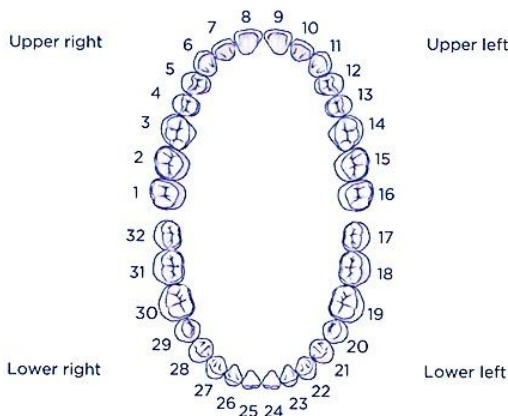
SIZE

ABUTMENT INCLUDED LAB PROVIDE ABUTMENT
 LAB ANALOG INCLUDED LAB PROVIDE LAB ANALOG

ADDITIONAL IMPLANT REQUESTS

CUSTOM ABUTMENT SOFT TISSUE MODEL
 ABUTMENT BONDING

SPECIAL INSTRUCTIONS



Comments:

*DENOTES DEFAULT

REMOVABLE RESTORATIONS

PLEASE CIRCLE ALL THAT APPLY:

UPPER

RESTORATION TYPE

TEMP DENTURE COMPLETE DENTURE
 RESIN PARTIAL FLEX BASE PARTIAL
 CAST METAL PARTIAL INTERM PARTIAL
 RELINE REPAIR

TEETH OPTIONS

ECONOMY BASIC* PREMIUM

SHADE

LOWER

RESTORATION TYPE

TEMP DENTURE COMPLETE DENTURE
 RESIN PARTIAL FLEX BASE PARTIAL
 CAST METAL PARTIAL INTERM PARTIAL
 RELINE REPAIR

TEETH OPTIONS

ECONOMY BASIC* PREMIUM

SHADE

