



All-In-One Lab Slip

(434) 282-4862 • admin@paramountdentalstudio.com
Please use our product-specific Lab Slips for more options

Doctor _____ License No _____ Patient _____
Phone _____ Email _____ Gender ☐ Male / ☐ Female Age _____
Address _____
City _____ State _____ Zip _____ Date ____/____/____ Signature _____
Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other _____

Crown & Bridge

Ceramic

- ☐ Zirconia - 3Y
- ☐ Aesthetic Zirconia - 4Y
- ☐ Katana Zirconia - 5Y
- ☐ Porcelain Fused to Zirconia

Full Cast

- ☐ Non-Precious
- ☐ Noble (Semi-Precious)
 - ☐ White / ☐ Yellow
- ☐ High Noble (Precious)
 - ☐ White / ☐ Yellow

PFM

- ☐ Non-Precious
- ☐ Noble White (Semi-Precious)
- ☐ High Noble White (Precious)
- ☐ E.max
- ☐ E.max Pressed
- ☐ Inlay/Onlay
- ☐ Veneer

Full Dentures

Application

- | Upper | | Lower | | Phase (required) | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Upper | Lower | Upper | Lower | Upper | Lower |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Quality

- ☐ Value (recommended for immediate dentures)
- ☐ Premium (recommended for final dentures)
- ☐ Ultimate

Partial Dentures

Material

- | Upper | | Lower | | Phase (required) | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Upper | Lower | Upper | Lower | Upper | Lower |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Teeth #s _____ #s _____

Final Denture Tissue Shade

- ☐ Light Pink
- ☐ Original (lab default)
- ☐ Dark Pink

Custom Abutments

- ☐ Titanium
- ☐ Zirconia / Titanium Hybrid
- ☐ Zirconia
- ☐ Transfer Jig
- ☐ Add Gold Anodized Hue

Manufacturer _____
Platform size _____

Retention Type

- ☐ Cement-Retained
- ☐ Screw-Retained
- ☐ Screwmentable

Appliances

Essix Retainer

- ☐ Upper / ☐ Lower
- ☐ Temporary Tooth # _____
Shade _____

Sports Guard

- ☐ White
- ☐ Black

Misc.

- ☐ Bleaching Tray
- ☐ Custom Tray

Surgical Guides

Site # _____

Implant Manufacturer _____

Implant System _____

- ☐ Fully / ☐ Pilot
- ☐ Surgical Drill Kit

Surgery Date _____

____/____/____

- ☐ Plan Only / ☐ Print Only
- ☐ Plan & Print
- ☐ Custom Healing Abutment

Final Tooth Shade



(VITA Classical shades)

Stump Shade

Must indicate prepped tooth shade for all ceramics

Pontic Design



Occlusal Guards (model included)

Material

- ☐ Comfort Printed (recommended)
- ☐ Hard/Soft / ☐ Hard / ☐ Soft

Additional Features

- ☐ Straight Cut / ☐ Scallop Cut
- ☐ Canine Guidance
- ☐ Anterior Ramp

Occlusal Surface Type

- ☐ Flat Plane (lab default)
- ☐ Flat Plane with Opposing Posterior Indentation

Additional Notes

Incomplete Rx information may result in case delays. Orders submitted after 2 pm PT will be processed the next business day.