



DVINE ARTS DENTAL LABORATORY

802 NW 16TH AVENUE, SUITE B

GAINESVILLE, FLORIDA 32601

(352) 346 -8687

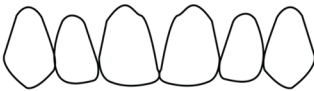
dvinedental@outlook.com

Date: _____ Due Date: _____

Patient Name: _____ M F Age: _____

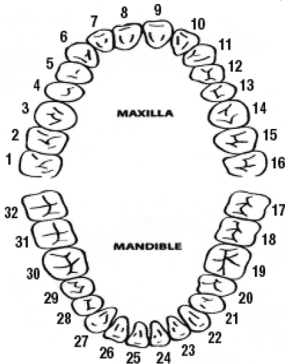
Shade: _____

Tooth #s: _____



Occlusal: _____ Contacts: _____

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Light |
| <input type="checkbox"/> In Occlusion | <input type="checkbox"/> Heavy |
| <input type="checkbox"/> Out of Occlusion | |



ALL CERAMIC

<input type="checkbox"/> e.Max	<input type="checkbox"/> CeltraPress	<input type="checkbox"/> Zirconia Full Contour (BruxZir)
<input type="checkbox"/> Monolithic	<input type="checkbox"/> Layered	<i>Zirconia Layered</i>
Tooth #s _____		<input type="checkbox"/> Complete Layered <input type="checkbox"/> Facial Layered
		Tooth #s _____
		<input type="checkbox"/> Value + <input type="checkbox"/> Premium

PFM

- Non-Precious
- Semi-Precious
- Gold
- Metal-Occlusal

FULL CASTS

- Non-Precious
- Semi-Precious
- Gold

Tooth #s _____

Value + Premium

IMPLANT CROWNS

- Screw Retained
- 1 Piece 2 Piece
- Lab Cemented Chairside Cemented

Tooth #s _____

- Gold Abutment
- Titanium Abutment
- Zirconia Abutment

Implant Brand _____

Implant Size _____

Special Instruction:

Doctor: _____ License #: _____

We Accept All Digital Impression System .stl Files • All of Our Products Are Made In America

©2020 Dvine Arts Dental Laboratory, LLC