



DVINE ARTS DENTAL LABORATORY

4000 W NEWBERRY RD, SUITE G

GAINESVILLE, FLORIDA 32607

(352) 346 -8687

dvinedental@outlook.com

Date: _____ Due Date: _____

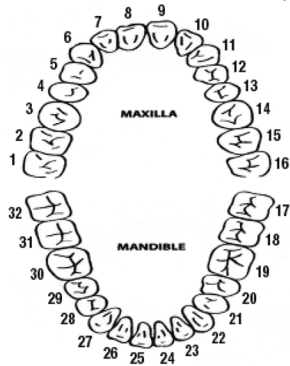
Patient Name: _____ M F Age: _____

Shade: _____

Tooth #s: _____



- Occlusal: Light In Occlusion Out of Occlusion
- Contacts: Light Heavy



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 #: _____

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