

LAB SCRIPT

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PATIENT NAME: _____

AGE: _____ **GENDER (Select One):** OM OF **DUE DATE:** _____ **SEAT DATE:** _____

DOCTOR NAME: _____ **PRACTICE NAME:** _____

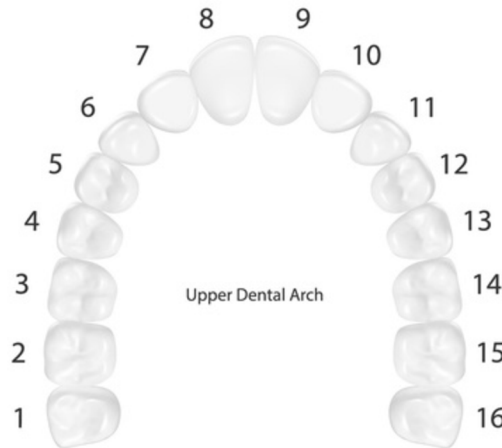
ADDRESS: _____

PHONE: _____

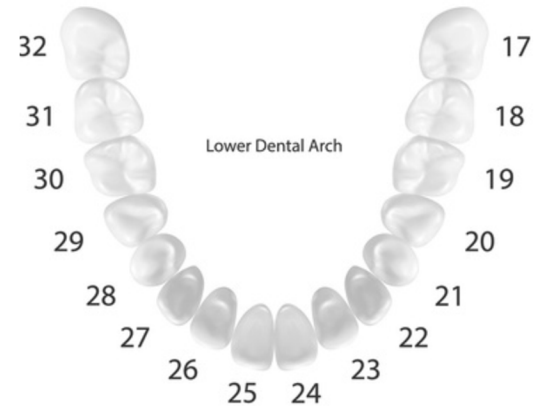
OTHER ITEMS INCLUDED:

- ☐ Photos
- ☐ Models
- ☐ Bite Registration
- ☐ Shade Guide
- ☐ Old Crown
- ☐ Articulator
- ☐ Impression
- ☐ Other

TOOTH NUMBER(S):



SHADE:



REMOVABLES

- ☐ Reline
- ☐ Repair
- ☐ Rebase
- ☐ Premium Complete
- ☐ Standard Complete
- ☐ Affordable
- ☐ Complete Soft Liner
- ☐ RPD-CrCo Frame
- ☐ RPD- Titanium
- ☐ RPD- Clear Flexible Frame

C&B ALL CERAMIC

- ☐ PFM NP
- ☐ PFM SP
- ☐ PFM HN
- ☐ Full Contour Zirconia
- ☐ Layered Zirconia
- ☐ Full Contour e.max
- ☐ Layered e.max
- ☐ Other

IMPLANTS

- ☐ Custom Abutment Milled
- ☐ Abutment Zirconia Abutment
- ☐ Casted Abutment
- ☐ All on 4-6 with PFM
- ☐ All on 4-6 with Full ZR
- ☐ All on 4-6 Layered ZR
- ☐ All on 4-6 Hybrid

ORTHO

- ☐ Unlimited Aligners
- ☐ Express Aligners
- ☐ Hawley
- ☐ Spring Aligner
- ☐ Sagital
- ☐ Schwartz
- ☐ Fixed
- ☐ Space Maintainer
- ☐ Space Regainer Other

NOTES: