

LAB SCRIPT

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PATIENT NAME: _____

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

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

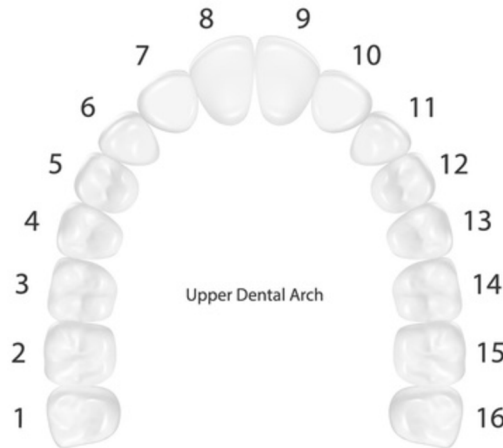
ADDRESS: _____

PHONE: _____

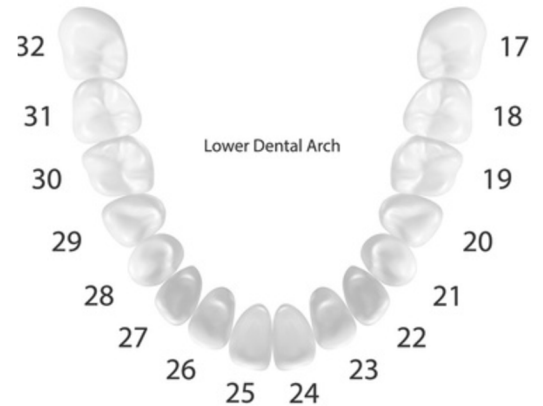
OTHER ITEMS INCLUDED:

- 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: