



VIP DENTAL LAB

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Today's Date

Return Date

PRACTICE & PATIENT

Doctor / Practice

Phone

Address

Patient Name / ID

City

State

ZIP

Age (optional)

RESTORATION DETAILS

Tooth Number(s)

Shade

Stump Shade (if needed)

Restoration Type

☐ Crown

☐ Bridge

☐ Veneer

☐ Implant Crown

☐ Other

Material

☐ E.max

☐ Full Zirconia

☐ Layered Zirconia

☐ PFM

☐ Layered E.max

☐ Full Metal

☐ Metal Occlusal

Metal Choice (if applicable)

☐ High Noble

☐ Semi-Precious

☐ Non-Precious

IMPLANT DETAILS (IF APPLICABLE)

Implant Company / System

Implant Size / Platform

☐ Cementable

☐ Screw Retained

☐ Custom Abutment

☐ Stock

Margin Placement

☐ At gingival crest / flush

☐ 1 mm buccal default, 0.5 mm M/L

☐ Optimize emergence / displace tissue

☐ As close to platform as possible

Tissue Emergence

☐ Follow soft tissue / no displacement

☐ Support / push tissue

SPECIAL INSTRUCTIONS / NOTES

Doctor Signature

License Number