Apex
dental milling
and laboratory services

Clear form

Date: _____

Requested Return Date: _____
(Required)

ADM use only

S___ D___ Date Received _____

A___ Pan Number _____

Q___ Case Number _____

Doctor Name: _____ Patient Name: _____

Contact Email: _____ Phone: _____

Teeth Involved Single: _____ Splinted: _____

Final Shade: _____ Stump Shade: _____ Gingival Shade: _____

Implant Brand: _____ Platform/Size: _____

☐ Apex Design ☐ Doctor Design

Data Source ☐ Intraoral Scanner : _____

☐ Model ☐ Impression ☐ Email

Restoration

Zirconia	Lithium Disilicate	Porcelain	Misc
☐ Lava Esthetic	☐ Emax LT	☐ Full Coverage	☐ Gold
☐ BruxZir 16	☐ Emax MT	☐ Facial Cutback	☐ PMMA Temporary
☐ NexxZr	☐ Emax HT	☐ PFZ	
☐ ZirCAD Prime	☐ Emax Multi	☐ PFM	

Implant Abutment

☐ Titanium
☐ Hybrid
☐ Screw-Retained crown

Implant Supported Denture

☐ Copy Waxup ☐ Porcelain Facials
☐ Try-in ☐ Porcelain Gingiva

Finishing

☐ Stain and Glaze ☐ Polish ☐ Photos Sent

☐ Shade Consult Contact Info: _____

Bite Splint

☐ Upper ☐ Lower

Specifications:

Signature: _____ Date: _____ License: _____

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