



STANLEY OKON DENTAL LABORATORY, INC.

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BEGO

Partners in Progress

3M ESPE

Lava™ Crowns and Bridges

ALL CERAMIC

- LAVA™
- LAVA - DVS
- LAVA - ULTIMATE
- LAVA - ESSENTIAL
- EMAX - PRESSED
- EMAX - MILLED
- ETCHED PORC. CROWN
- FELDSPATHIC
- PORCELAN VENEER
- PORCELAN INLAY-ONLAY

PORCELAIN METAL CROWNS

- PORC. FUSED TO GOLD
- PORC. FUSED TO NON-PRECIOUS
- CAPTEK
- VENEER
- INLAY
- ALL RESIN CROWN
- ALL RESIN BRIDGE
- RESIN BONDED TO METAL

METALS FOR FULL CAST CROWNS

- 78% Au Type
- 64% Au Other
- WHITE Au
- N-P

METALS FOR PORCELAIN CROWNS

- HN (High Noble)
- N-P (Non-Precious)
- BIO METALS
- OTHER

IMPLANTS

- ABUTMENT TYPE:
- TITANIUM
 - YELLOW GOLD
 - WHITE GOLD
 - PROCERA
 - COLORED ZIRCONIA (LAVA™)

MANUFACTURER

- Astra
- BIOMET 3i
- ITI Straumann
- Other
- Lifecore
- Neoss
- Size
- Nobel
- Zimmer

CHAR

- DELICATE
- MEDIUM
- VIGOROUS
- SHADE TAB ENCLOSED
- LOW
- MEDIUM
- HIGH
- CHROMA
- LOW
- MEDIUM
- HIGH
- DARK

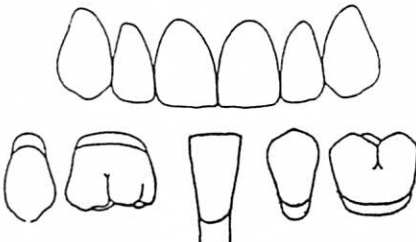
VALUE

- LOW
- MEDIUM
- HIGH
- NONE
- LIGHT
- MEDIUM

NOTE:

PLEASE SEND A STUDY MODEL ON ALL WORK INVOLVING ANTERIOR TEETH.

PLEASE INDICATE THE DISTRIBUTION OF HUES AND THE TYPES OF CHARACTERIZATIONS DESIRED.



FOR ESTHETIC CASES, PLEASE PROVIDE:

- 1) MAXIMIZED TOOTH PREP
- 2) MODELS OF PATIENT-APPROVED TEMPS
- 3) BEFORE MODELS
- 4) DESIRED LENGTH / WIDTH MEASUREMENTS
- 5) DESIRED END SHADE AND PREPARED SHADE
- 6) PHOTOS FOR CONSIDERATION

- HOT CASE: INFECTIOUS PATIENT
- HAS BEEN TREATED FOR INFECTIOUS DISEASE

LICENSE NO. X

DOCTOR _____

PATIENT _____

DATE PREPARED _____

DATE DUE _____

PATIENT CHAIR DATE _____ TIME _____

APPROXIMATE AGE _____ MALE FEMALE

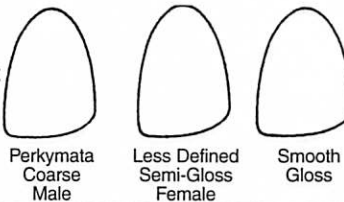
TRY-INS

- METAL TRY-IN
- BISQUE TRY-IN
- FINISH

PT. DESIRES-TOOTH SHADE

- HARMONIZE WITH NATURAL TEETH
- ARTIFICIALLY LIGHTER DEGREE
- CHARACTERIZED AS PER Rx
- CHARACTERIZED ACCORDING TO AGE (SHADE & TEXTURE)

SURFACE TEXTURE-LUSTER



INSTRUCTIONS:

Stump Shade _____

Desired Restoration Shade _____

FOR IMPLANT STANDARD ABUTMENTS:

Position of flat side on standard implant abutment(s) in mouth: _____

- SEE OTHER SIDE FOR FURTHER INSTRUCTIONS
- CALL DOCTOR REGARDING CASE

SIGNATURE X

REQUEST TO RECEIVE:

- LAB SLIPS
- SHIPPING CONTAINERS
- SEMINAR DATES
- LITERATURE

POSTERIOIRS

- NO COLLAR
- MINI COLLAR
- METAL MARGIN
- REG
- METAL OCC.
- METAL OCC.
- FULL METAL OCC.
- FULL METAL OCC.

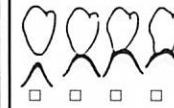
ANTERIOR LINGUALS

- NO COLLAR
- REG. COLLAR
- METAL LING.

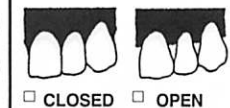
LABIAL OR BUCCAL MARGIN

- 360° METAL MARGIN
- HAIRLINE OR ____mm ON FACIAL
- METAL-PORCELAIN JUNCTION MARGIN
- PORCELAIN BUTT MARGIN

PONTIC



GINGIVAL EMBRASURES



RIDGE RELIEF

- NONE
- MEDIUM
- HEAVY (Recent Extraction) .1 - 1.5 mm or ____mm
- IMMEDIATE BRIDGE SOCKETS .5 or ____mm
- NORMAL- Natural
- NARROW - 3/4 Width

OCCUSAL TABLE BUCCAL-LINGUAL WIDTH

CONTACTS

- LIGHT
- MEDIUM
- HEAVYSCRAPE CAST
- LIGHT - .5 mm sub.
- MEDIUM - .2 mm sub.
- HEAVY - Touching Opposing

OCCUSION

ENCLOSED WITH CASE

- ____ IMP
- ____ BITE
- ____ MODELS
- ____ DIES
- ____ RETURNED CROWNS
- ____ IMPLANT PARTS
- ____ OTHER

LAB USE

- ____ WAX
- ____ FINISH
- ____ PORCELAIN

- PARTS SUPPLIED BY DOCTOR

TERMS: NET 30 WITH CREDIT CARD AUTHORIZATION ON FILE, OTHERWISE COD UNTIL CREDIT ESTABLISHED.

NET 30 DAYS. 2% SERVICE CHARGE OVER 30 DAYS. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER.

WE RESERVE THE RIGHT TO CHARGE ANY CREDIT CARD ON FILE FOR ALL DELINQUENT INVOICE(S) INCLUDING ANY AND ALL INCURRED FEES.