



MIRACLE DENTAL LAB, L.L.P.

14611 Benfer Rd.
Houston, TX 77069
LIC. #02012

281-580-6988
1-877-843-1522
Fax 281-580-3599

Due Date _____
Case will be delivered between
8-5 on date required

Rx Date: _____

Doctor's Name: _____

Address: _____

City, State, Zip: _____

Patient's Name: _____

Call Me Phone: _____

E-Mail: _____

Gender: Male / Female Age: _____

Case Type Crown & Bridge Implant Framework
 Denture / Partial Reline / Repair Other



Removables

T Ivoclar PE
O Ivoclar DCL
O Phonares
O Vita
T Economy
Y Other

A 199
C Ethnic
R 1
L 2
L 3
I Other _____

Occlusal Rims

S
H
A
D
E
M
O
U
U
M
O
U
D

S Valplast
P Valplast / Cast
E FRS
C Inject
I Acrylic Partial
A Teeth in Wax

UPPER LOWER

O Full Function
C Lingualized
C Flat Plane
L Other

Finish
 Try-In

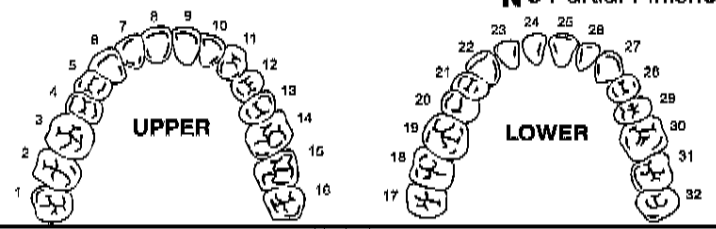
Framework

U Horseshoe palate
P Ant/Post Strap
P Palatal Strap
E Lab Select

UPPER LOWER

L Lingual Plate
O Lingual Bar
W Lab Select

R Design Only
E Framework Only
T Teeth in Wax
U Frame/Biteblock
R Partial Finished



Crown & Bridge

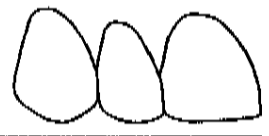
C Empress
R E-MAX
O Procera
W Captex
N PFM
T Full Metal
Y Post & Core

M High Nobel
E Yellow Gold
T Semi-Precious
A Non-Precious

P Sanitary
O Point
N M. Ridge Lap
T Porc Butt
I Margin

S
H
A
D
E

Metal Occlusal
 Metal Lingual



Implant

O Atlantis Procera
A Titanium Titanium
V Zirconia Zirconia
E Shaded
R Gold Hue
T Bar-Retained
U Locators
R Hader
E ERA

IMPLANT DESIGN
 Splinted Single

H P.I.B. Bar (Titanium)
Y P.I.B. Bar (Zirconia)
B Wrap Around
R Metal Lingual / Tissue

P Radiographic Guide
L Implant Planning
A Provisionalization
N Custom Temps

Implant Type: _____

Implant Size: _____

DID YOU INCLUDE:

- Opposing Model Impression
- Bite Pictures
- Study Model Shade

Signature: _____ Lic.#: _____

Return via: UPS FedEx

Please Send: Boxes Rx Pads