



*Thank you for choosing*  
**THE INCISAL EDGE**  
**DENTAL STUDIO**

15 Ararat Street  
Worcester, MA 01606  
1-800-949-1813

**Sending Us a Case**

- 1. Print mailing label and script**
- 2. Fill out script that applies to your case**
- 3. Put script and case in any box**
- 4. Affix mailing label to outside of box**
- 5. Give to your postal carrier or drop off at any post office**

**"RUSH"**  
**DENTAL WORK**

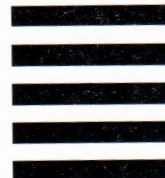
**BUSINESS REPLY LABEL**

FIRST CLASS MAIL PERMIT NO. 254 WORCESTER, MA

POSTAGE WILL BE PAID BY ADDRESSEE

**THE INCISAL EDGE, INC.**  
15 ARARAT STREET  
WORCESTER, MA 01606

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE UNITED  
STATES



# THE INCISAL EDGE

Premium

Product

Line

Crown & Bridge

Date

Doctors Name

Address

Phone Number

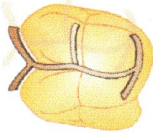
Due Date

Time

Patients Name

Gender: male ☐ female ☐ Age  (optional)

Please call office to schedule any custom shade or stains  
Please use time schedule for setting due date  
Rush cases may be subject to a rush fee



<b>1.</b> <input type="checkbox"/> Porcelain to Metal <input type="checkbox"/> Maryland Bridge <input type="checkbox"/> Bake to Frame <input type="checkbox"/> Porcelain to Zirconia <input type="checkbox"/> Emax® <input type="checkbox"/> Emax® Veneers <input type="checkbox"/> Full Zirconia (Solid Zirconia)	<b>Metal Choices For PFM Crown</b> <input type="checkbox"/> Captek (88.2% au Yellow) <input type="checkbox"/> Classic IV (88% au Yellow) <input type="checkbox"/> JP-1 (51.5% au) <input type="checkbox"/> N3 (3% au) <input type="checkbox"/> Wirobond C (non-precious)	<b>Metal Choices For Full Crown</b> <input type="checkbox"/> JRV (77% Yellow) <input type="checkbox"/> Castell (20% Yellow) <input type="checkbox"/> JW (2% White)
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<b>2. DESIGN OPTIONS</b> <input type="checkbox"/> Key & Key Way <input type="checkbox"/> Partial Rest <input type="checkbox"/> Metal Try-In <input type="checkbox"/> Lingual Arm <input type="checkbox"/> Diagnostic Wax-Up (Unit)	<b>3. TOOTH #</b> Crown _____ Bridge _____ Pontics _____ Splint _____ Inlay _____ Onlay _____	<b>4. TOOTH NUMBER / CASE DESIGN</b> 	<b>5. SHADE INDICATIONS</b> Shade Guide _____ Shade _____	<b>6. PONTIC DESIGN</b> <input type="checkbox"/> default design <input type="checkbox"/> 360° <b>METAL MARGIN DESIGN</b> Anterior <input type="checkbox"/> default design <input type="checkbox"/> 360° Posterior <input type="checkbox"/> default design <input type="checkbox"/> 360° <b>PORCELAIN BUTT MARGIN DESIGN</b> <input type="checkbox"/> buccal only <input type="checkbox"/> 180° <input type="checkbox"/> 360° <b>CONTACT DESIGN</b> Anterior <input type="checkbox"/> Broad <input type="checkbox"/> Regular <input type="checkbox"/> Point Posterior <input type="checkbox"/> Broad <input type="checkbox"/> Regular <input type="checkbox"/> Point	<b>7. IF NO OCCLUSAL CLEARANCE</b> <input type="checkbox"/> Metal Occlusion/Stop <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing	<b>8. ENCLOSED ITEMS</b> <input type="checkbox"/> Photos <input type="checkbox"/> Models <input type="checkbox"/> Bite Registration <input type="checkbox"/> Shade Guide <input type="checkbox"/> Old Crown <input type="checkbox"/> Articulator <input type="checkbox"/> Other _____
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<b>9. INSTRUCTIONS</b> _____ _____ _____
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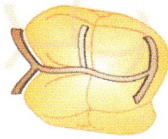
# THE INCISAL EDGE

Premium

Product

Line

Dentures



Date

Doctors Name

Address

Phone Number

Due Date

Patients Name

Gender: male ☐ female ☐ Age

(optional)

Time

## No Same Day Repairs or Relines

Please use time schedule for setting due date

Rush cases may be subject to a rush fee

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### PARTIAL FRAMEWORKS

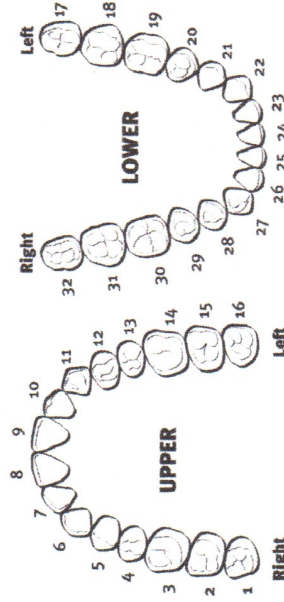
#### A. APPLIANCE

- ☐ Cast Partial
- ☐ Acrylic Partial
- ☐ FRS Partial
- ☐ Flipper

#### B. MAJOR CONNECTOR

- ☐ Lab Select
- ☐ Horseshoe
- ☐ Full Palate
- ☐ Palatal Strap
- ☐ A-P-Strap
- ☐ Lingual Bar
- ☐ Lingual Plate
- ☐ Kennedy Bar
- ☐ Other

#### C. SADDLE AREA



#### D. PARTIAL CLASP DESIGN

- ☐ Lab Select Design
- ☐ Akers
- ☐ Roach
- ☐ I Bar
- ☐ Ring

#### E. RESTS

- ☐ Tooth Location #
- ☐ Lab Select
- ☐ Mesial
- ☐ Distal
- ☐ Cingulum
- ☐ Lingual
- ☐ Incisal

\*\*If no design is designated by the customer the customer, accepts complete responsibility for the design of the frameworks from the laboratory.

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- ☐ Custom Tray
- ☐ Bite Block
- ☐ Set-up Partial
- ☐ Set-Up Full
- ☐ Reset
- ☐ Acrylic Process
- ☐ FRS Process

- ☐ Wrought Wire Clasp
- ☐ FRS Clear Clasp
- ☐ Duplicate Denture
- ☐ Acrylic Surgical Guide
- ☐ Athletic Mouthguard
- ☐ Nightguard

- ☐ Rebase
- ☐ Reline
- ☐ Soft Reline
- ☐ Repair

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#### Denture Teeth

- ☐ Premium (Portrait IPN)
- ☐ Economy

Special Instructions