

*Thank you for choosing*

*THE INCISAL EDGE*

*DENTAL STUDIO*

1475 Main Street / PO Box 241

Leicester, MA 01524

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. 7000 LEICESTER, MA  
POSTAGE WILL BE PAID BY ADDRESSEE

**THE INCISAL EDGE, INC.**  
P.O. BOX 241  
LEICESTER, MA 01524-0241

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE UNITED  
STATES

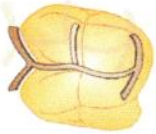
# THE INCISAL EDGE

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

**1.**

<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)	<p>Metal Choices For PFM Crown</p> <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)	<p>Metal Choices For Full Crown</p> <input type="checkbox"/> Full Gold Crown <input type="checkbox"/> Post & Core Direct <input type="checkbox"/> Post & Core Indirect <input type="checkbox"/> Temporaries <input type="checkbox"/> Cast Reinforced Temps	<input type="checkbox"/> JRVT (77% Yellow) <input type="checkbox"/> Castell (20% Yellow) <input type="checkbox"/> JWG (2% White)
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**2. DESIGN OPTIONS**

Key & Key Way  
 Partial Rest  
 Metal Try-In  
 Lingual Arm  
 Diagnostic Wax-Up (Unit)

**3. TOOTH #**

Crown \_\_\_\_\_  
 Bridge \_\_\_\_\_  
 Pontics \_\_\_\_\_  
 Splint \_\_\_\_\_  
 Inlay \_\_\_\_\_  
 Onlay \_\_\_\_\_

**4. TOOTH NUMBER / CASE DESIGN**

**5. SHADE INDICATIONS**

Shade Guide \_\_\_\_\_  
 Shade \_\_\_\_\_

**6. PONTIC DESIGN**

default design

**METAL MARGIN DESIGN**

Anterior  default design  360°  
 Posterior  default design  360°

**7. IF NO OCCLUSAL CLEARANCE**

Metal Occlusion/Stop  
 Reduction Coping  
 Adjust Opposing

**8. ENCLOSED ITEMS**

Photos  
 Models  
 Bite Registration  
 Shade Guide  
 Old Crown  
 Articulator  
 Other \_\_\_\_\_

**9. INSTRUCTIONS**

Anterior  Broad  Regular  Point  
 Posterior  Broad  Regular  Point

buccal only  180°  360°

Lingual Tab Holder

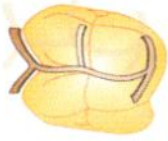
# THE INCISAL EDGE

Premium

Product

Line

Dentures



Date \_\_\_\_\_  
 Doctors Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Due Date \_\_\_\_\_ Time \_\_\_\_\_  
 Patients Name \_\_\_\_\_  
 Gender: male  female  Age \_\_\_\_\_ (optional)

## No Same Day Repairs or Relines

Please use time schedule for setting due date  
 Rush cases may be subject to a rush fee

**1 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**

Tooth Location # \_\_\_\_\_

- 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.**

**2**

- 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

**3 Denture Teeth**

- Premium (Portrait IPN)
- Economy

Special Instructions \_\_\_\_\_