

BIN# \_\_\_\_\_  
 DATE RECEIVED \_\_\_\_\_  
*(For office use only)*

DOCTOR \_\_\_\_\_ CUST.# \_\_\_\_\_ MM / DD / YY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL (Required) \_\_\_\_\_  
 PATIENT \_\_\_\_\_

**Allow 15 Business Days After Receipt**

M M D D Y Y

**REQUIRED:**

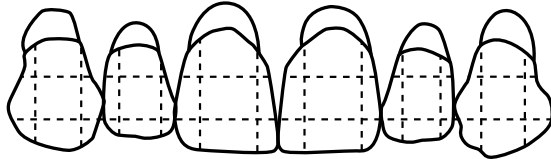
- Full-arch impressions
- No triple trays accepted
- Bilateral bite registration with rigid material

*Digital photos strongly recommended for optimal shade results. rx@bicon.com*

**VITA CLASSIC SHADE**  
*Circle one.*  
**A1 A2 A3 A3.5 A4**  
**B1 B2 B3 B4**  
**C1 C2 C3 C4**  
**D2 D3 D4**  
**Other** \_\_\_\_\_  
 Stain?  YES  NO

**INDIVIDUAL / BRIDGE**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



**Crown and Bridge**

- Integrated Abutment Crown™ (IAC)
  - TRINIA® Framework with Polyceramic Application
  - PFM » Alloy:  NP  N  HN *Cemented on abutment?*  YES  NO
  - Layered Crown:  e.Max™  Zirconia *Cemented on abutment?*  YES  NO
  - Full Contour Crown:  e.Max™  Zirconia *Cemented on abutment?*  YES  NO
- If bridge, frame try in?*  YES  NO  
*If limited clearance, adjust opposing?*  YES  NO  Call/Email  
*If adjust opposing:*  Reduction Coping  Mark on Model

**TRINIA® Full-Arch Prosthesis**

- |                                      |  |  |
|--------------------------------------|--|--|
| <i>Telescopic Coping:</i>            | <i>Teeth:</i>                          | <i>Opposing:</i>                       |
| <input type="checkbox"/> Retentive   | <input type="checkbox"/> Polyceramic   | <input type="checkbox"/> Natural Teeth |
| <input type="checkbox"/> Custom Cast | <input type="checkbox"/> Denture Teeth | <input type="checkbox"/> Denture Teeth |
| ○ With Attachment                    |  | <input type="checkbox"/> PFM           |
| ○ Cementable                         |  | <input type="checkbox"/> All-Ceramic   |
- Removable**
- |  |                                   |                                  |
|--|-----------------------------------|----------------------------------|
| <i>Type:</i>                             | <i>Abutment:</i>                  | <i>Framework:</i>                |
| <input type="checkbox"/> Full Denture    | <input type="checkbox"/> Brevis™  | <input type="checkbox"/> TRINIA® |
| <input type="checkbox"/> Partial Denture | <input type="checkbox"/> LOCATOR® | <input type="checkbox"/> Metal   |

**If temporary abutments were used, indicate diameter:**

Tooth #	Diameter
_____	_____
_____	_____

*Different abutment size OK?*

**Notes:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PAYMENT:  MASTERCARD  VISA  AMERICAN EXPRESS  COD

CARD NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

SIGNATURE (Required) \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

Each Lab Slip constitutes a complete and separate transaction to be invoiced and paid as such. By signing I understand and accept the warranty terms and conditions of Bicon Dental Laboratory. See Bicon Dental Laboratory invoice for warranty, terms, and conditions.