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1-888-888-8862

① Lab Information

Lab Name _____

Lab Contact Name _____

Lab Phone # _____ Doctor's Zip Code _____
Required by 3M

Patient Name _____

② Coping Measurements & Shade

Coping Thickness*

*Up to 2.0 mm to cover dark stump, implant post, etc.

0.50mm (Recommended)

0.40mm (anterior only)

Other (greater than 0.50mm) _____

Cement Gap

.03mm (Recommended)

Other: _____

Expansion Gap

.05mm (Recommended)

Other: _____

Final Shade _____

(Must be Vita Classic Shade)

③ Build Up**

Build-up to the specifications detailed in "Other Instructions"

**Unless this box is checked, we will NOT build up the core prior to milling.

④ PLEASE REMEMBER

- Trim die with subtle curve under margin. One clear line please.
- Block out undercuts and defects in prep.
- DO NOT mark margins.
- DO NOT seal or coat dies.
- DO NOT mount models on rigid or adjustable articulators

⑤ Payment Information

- Use Credit Card on File Use Credit Card Information Included Below
- Check Enclosed Monthly Billing (Prior Approval Required)

Visa MasterCard American Express Discover

Card Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Keep this credit information on file and use for all future cases.

⑥ Materials Sent

- Die(s) Only Model and Dies Bite
- Temporization Model/Wax Up (for pontic positioning) Other

⑦ Other Instructions

Thank you for choosing Dental Prosthetics, Inc. – Home of the "PERFECT FIT COPING"