

BECDEN | a dti company

131 East 13065 South · Draper, UT · 84020 · P801 576 9991 · 888 344 9991 · F801 576 9994 · becdendti.com

ATTN: _____

RX Date _____ Due Date _____

NOTE: If no due date is assigned, a standard Becden due date will be applied.

DR. NAME _____ PATIENT NAME _____

DR. ADDRESS _____ SEX: M/F _____ AGE _____

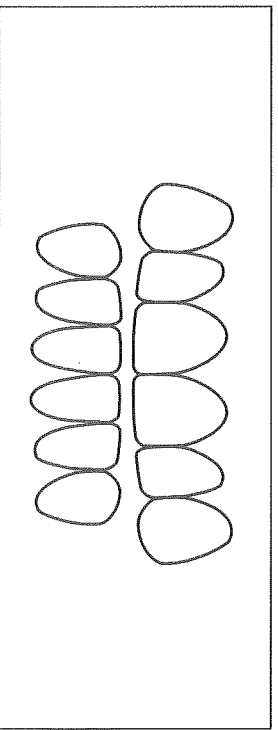
DR. PHONE _____ DATE OF APPOINTMENT _____

WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE? YES NO
 ARTICULATOR SPECIFY: _____

TEETH NUMBERS
 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

STUMP SHADE _____ CERVICAL SHADE _____

ENAMEL SHADE _____ SURFACE TEXTURE _____



LENGTH OF CENTRALS
 (from Cervical Margins)

POINTIC DESIGN
 OVATE _____ mm
 FULL LAP
 MODIFIED RIDGE

OCCUSAL STAIN
 None Light
 Medium Dark

INCISAL TRANSLUCENCY
 Minimum .5 mm
 Moderate 1.0 mm
 Maximum 1.5 mm

AUTHENTIC® GOLD
 Veneer/Crown 050% AU
 Pressed-To-Metal® 074% AU
 Wing Bridge 0 Post

ZIRCONIA METAL BAND DESIGN
 Lava™
 Collarless
 Metal Band
 Lingual Band Only
 Porcelain Butt
 Metal Lingual
 Metal Occlusal

CAPTEK
 CRISTOBAL®+
 IPS EMPRESS®
 IMAGEN™

PORCELAIN FUSED TO GOLD
 050% AU
 086% AU
 Auro Film/Biolume
 Metal Try In
 Finish

IMPLANTS
 ProCera® Abutment

SOFT/HARD NIGHT GUARD
 NEUROMUSCULAR
 Diagnostic Waxup
 Bite Matrix
 Orthosis

TEMPORARIES
 Wire Reinforced
 Cast Reinforced

PLEASE SEND
 ORX Forms
 Bio Bags
 Airbills
 Boxes
 Shipping Bags

FOR LAB USE ONLY

INSTRUCTIONS

DOCTOR SIGNATURE _____ LICENSE# _____ DATE _____

801 576 9991 · Fax 801 576 9994

WHITE COPY - LAB
 PINK COPY - DOCTOR

FOR LAB USE ONLY

DATE IN: _____ BY _____

SHIPPED IN BY: _____

STUDY MODEL _____ BITE REGISTRATION _____

UPPER MODEL _____ IMPRESSION _____

LOWER MODEL _____ PHOTOGRAPH _____

ARTICULATOR _____ SHADE TAB _____

CROWN _____ PARTIAL _____

WAX-UP _____ OTHER _____

DATE OUT: _____ BY _____

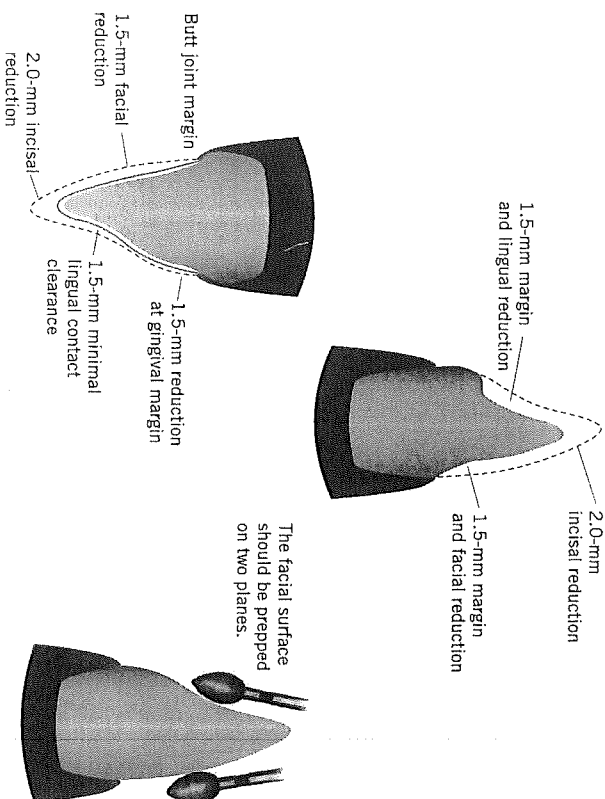
SHIPPED OUT BY: _____

LABORATORY SCHEDULE:

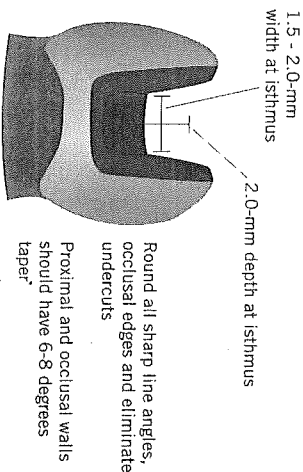
	1-5 UNITS	6+ UNITS		1-5 UNITS	6+ UNITS
AUTHENTIC	10 DAYS	12 DAYS	TEMPORARIES	5 DAYS	7 DAYS
IPS EMPRESS	10 DAYS	12 DAYS	WAXUP	5 DAYS	7 DAYS
ZIRCONIA	10 DAYS	12 DAYS	ORTHOSIS	5 DAYS	7 DAYS
CRISTOBAL+	10 DAYS	12 DAYS	IMPLANTS	CALL FOR SCHEDULE	
COMBO CASES	CALL FOR SCHEDULE				

Monday Thru Thursday, 7:00 AM To 5:00 PM; Friday, 7:00 AM To 12:00 PM (MST)

CROWN PREPARATION



INLAY PREPARATION



NOTES

WHITE COPY - LAB
PINK COPY - DOCTOR