

# Aesthetic Porcelain Studios, Inc.

David Block  
C.D.T.

"The Full Service Lab" • In Universal City  
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**LICENSED**

KY # L0234  
SC # 506  
TX # 1821

Please Send:  Rx Forms  Mailing Labels  Boxes

## REQUIRED INFORMATION

Doctor \_\_\_\_\_ Patient \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

**ONLY COMPLETE IF THIS IS YOUR FIRST ORDER SENT TO APS OR CHANGE OF ADDRESS**

### CASE NEEDED

Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

**Important:** How did you learn about APS? \_\_\_\_\_

## CROWN AND BRIDGE (Please )

### MATERIALS

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Porcelain to Metal    | <input type="checkbox"/> All Metal         | <input type="checkbox"/> Special Material          | <input type="checkbox"/> All Composite Crowns |
| <input type="checkbox"/> Bio2000 Bright Yellow | <input type="checkbox"/> High Noble Yellow | <input type="checkbox"/> All Porcelain Feldspathic | <input type="checkbox"/> Temps Acrylic        |
| <input type="checkbox"/> High Noble Yellow     | <input type="checkbox"/> High Noble White  | <input type="checkbox"/> Block Inlay Bridge        | <input type="checkbox"/> Temps Composite      |
| <input type="checkbox"/> High Noble White      | <input type="checkbox"/> Noble Yellow      | <input type="checkbox"/> Zirconia Solid            | <input type="checkbox"/> E-Max Layered        |
| <input type="checkbox"/> Semi-Precious White   | <input type="checkbox"/> Noble White       | <input type="checkbox"/> Zirconia Layered          | <input type="checkbox"/> E-Max Pressed        |
| <input type="checkbox"/> Non-Precious White    | <input type="checkbox"/> Base Yellow       |  |   |
|  | <input type="checkbox"/> Base White        |  |   |

**ALL IMPLANTS AVAILABLE**

### Occlusal Tight:

OK to trim?  Yes  No

Ridge Relief:  None  Slight  
 Medium  Heavy

- |                                     |  |                                   |  |                                     |  |
|-------------------------------------|--|-----------------------------------|--|-------------------------------------|--|
|                                     |  |                                   |  |                                     |  |
| <input type="checkbox"/> Full Ridge | <input type="checkbox"/> Partial Ridge | <input type="checkbox"/> No Ridge | <input type="checkbox"/> Point Contact | <input type="checkbox"/> No Contact | <input type="checkbox"/> Ovate Contact |

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Go to Finish | <input type="checkbox"/> Attachments       |
| <input type="checkbox"/> Metal Try-In | <input type="checkbox"/> Soft Tissue Model |
| <input type="checkbox"/> Bisque Bake  |  |

## METAL DESIGN (Please )



## ADDITIONAL INSTRUCTIONS

Facial Porcelain Butt Margin  360° Porcelain Butt Margin  Metal Margin \_\_\_\_\_ mm

SHADE

Basic Time Schedule is printed on the back of the yellow copy

WHITE - LAB COPY

## PARTIALS AND DENTURES (Please )

### CASE DESIGN

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Full Upper | <input type="checkbox"/> Partial Upper |
| <input type="checkbox"/> Full Lower | <input type="checkbox"/> Partial Lower |

DENTURE SHADE

### FACIAL CHARACTERISTICS

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Square          | <input type="checkbox"/> Round |
| <input type="checkbox"/> Square Tapering |                                |
| <input type="checkbox"/> Tapering        |                                |
| <input type="checkbox"/> Ovoid           |                                |

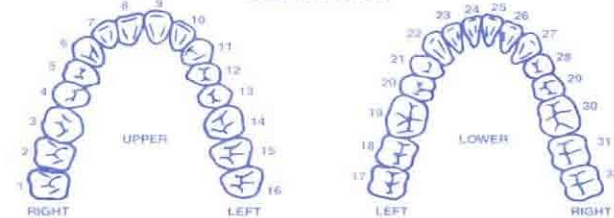
- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Reline  | <input type="checkbox"/> Repair     |
| <input type="checkbox"/> Custom Tray                                   | <input type="checkbox"/> Nightguard |
| <input type="checkbox"/> Bite Block                                    |                                     |
| <input type="checkbox"/> Please mark denture for ID purposes as: _____ |                                     |

### MATERIALS

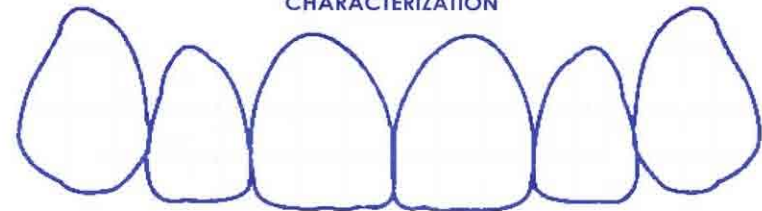
- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Suction Cups      | <input type="checkbox"/> Soft Liner  |
| <input type="checkbox"/> Acrylic           | <input type="checkbox"/> Temporaries |
| <input type="checkbox"/> Valplast          | <input type="checkbox"/> Cast Chrome |
| <input type="checkbox"/> Cast Non-Precious |                                      |

## ADDITIONAL INSTRUCTIONS

### DESIGN CASE



### CHARACTERIZATION



E-mail address for additional lab info

## DOCTOR PLEASE RETAIN YELLOW COPY

Signature \_\_\_\_\_ Lic. Number \_\_\_\_\_

YELLOW - OFFICE COPY