



Dental Laboratory of Fargo

Apex Dental Laboratory of Fargo
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 Web: apexlabgroup.com

Please send:

- Rx Forms
- Mailing Labels
- Boxes/Bags
- UPS Labels
- FedEx Ground Labels
- Speedee Labels

Doctor's Name _____ Telephone Number _____

Street Address _____ City/State/Zip _____

Patient Name or Identification Number _____ Age _____ Sex _____

Date Sent _____ Tooth # _____

Next Appointment

Date _____ Day _____ Time _____

Multiple unit cases require more time. Call for scheduling needs.

Doctor's signature/authorized signature _____ Date _____

License # _____ State _____

LAB USE ONLY

Included with case:

- Impression _____
- Opposing _____
- Bite _____
- Impression Coping _____
- Models _____
- Implant Components _____
- Old Crown _____
- Shade Tab _____
- Other _____
- Date Received _____

Fixed Prosthodontics

Porcelain Cov'g Posterior:



Ridge Relief:

- None
- Medium
- Slight
- Heavy

Restoration Type:

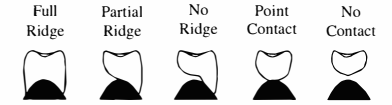
- Basic ZR™
- Advanced ZR™
- Elite ZR™
- Lava Esthetic
- Micro ZR™
- Apex PFZ
- Lava™
- Celtra
- e.max/LIS®

Porcelain Cov'g Anterior:



- PFM
- HN – White/Yellow
- Noble
- Base
- FCC
- HN – White/Yellow
- Noble – White/Yellow
- Base

Pontic Design:



If Minimal Occlusal Clearance:

- Metal/ZR Occlusal
- Reduce Opposing Tooth
- Reduce Prep
- Reduction Coping

Contacts:

- Open
- Closed

Glazing:

- High
- Regular
- Low
- Polish Only

Implants

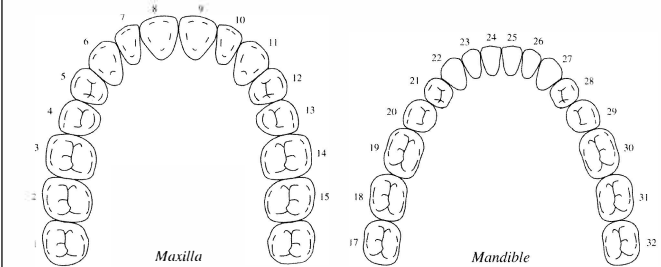
Brand _____ Size _____

- Abutment Material:** Titanium Gold Shaded Titanium Zirconia
- Abutment Type:** Apex Patient Specific Apex Screw Retained A-Zir Bridge Manufacturer Specific Other
- Atlantis

Instructions

- Please call regarding this case
- Return for Dr. Die Trim

Design Case

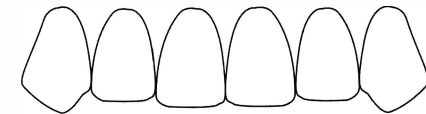


Removable Prosthodontics

- Preferred Tooth:** Economy Mid Premium
- Genisis Digital Denture Add AED
- Denture Bite Rims Custom Tray Dual Comfort Mouthguard Anti-Snore Appliance Processed Night Guard/Splint Repair/Reline/Rebase Other - Specify Below
- Partial Denture:** Metal Frame A-Flex™ Flexible Partial Treatment Partial w/Wires Duracetal Space Maintainer
- Try-In To Completion

Characterization

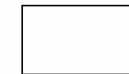
Send study models & email digital photos for anterior work



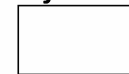
Shade:



Finish:



Try-in:



- Please call regarding this case.

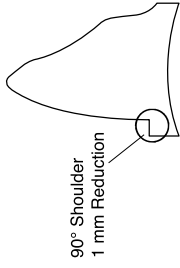
Questions, Please call 701-235-7511

Restoration Checklist and Helpful Suggestions for Optimum Restorations

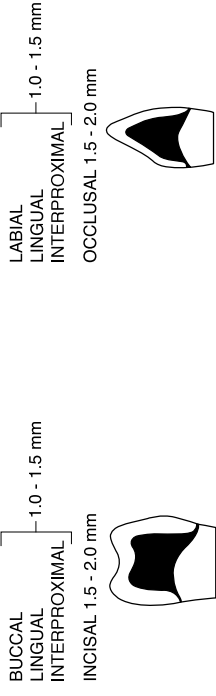
- Send a bite registration with any cases involving the terminal tooth of the arch or where there is no posterior stop.
- Send a pre-op study model with all anterior cases when possible
- Check for adjacent teeth for proper contact areas, and adjust if necessary.
- Use a single, full arch tray for cases with 3 units or more.
- Take a shade before prepping teeth
- Securely wrap impressions and models, and enclose any restorations in a small box

PREPARATION GUIDELINES

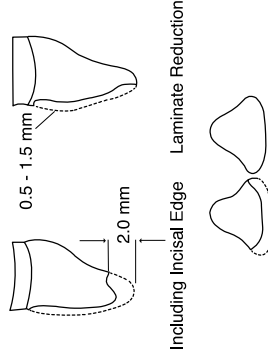
STANDARD PORCELAIN LABIAL MARGIN PREPARATION



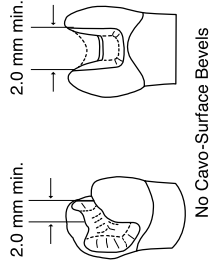
ALL-CERAMIC/COMPOSITE PREPARATIONS



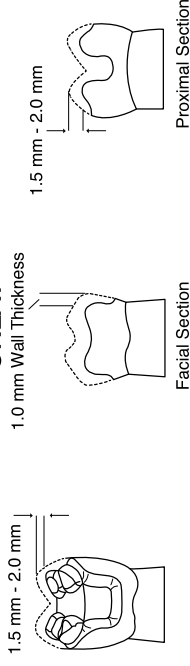
VENEER PREPARATION



INLAY



ONLAY



SECTION 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of person, firm or corporation to construct or repair prosthetic appliances, to furnish a written work order on form approved by Illinois Department of Registration and Education which shall contain:

- (1) Name and address of person, firm or corporation to which work order is directed.
- (2) Patient's name or identification number, and if number is used, patient's name must be written upon duplicate copy retained by dentist.
- (3) Date on which work order was written.
- (4) Description of work to be done, including diagrams if necessary.
- (5) Specification of type and quality of materials to be used.
- (6) Signature of dentist and number of his license.

Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by the Department of Registration and Education or its duly authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

SECTION 5b (3) of the Illinois Dental Practice Act provides: "If a person, firm or corporation receiving a written order from a licensed dentist engages another person, firm or corporation (hereinafter referred to as 'sub-contractor') to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereof on forms prescribed by the Department of Registration and Education which shall contain:

- (a) The name and address of the sub-contractor.
- (b) A number identifying the original work order, which number shall be endorsed on the work order received from the licensed dentist.
- (c) The date on which the sub-work order was written.
- (d) A description of the work to be done by the subcontractor, including diagrams, if necessary.
- (e) A specification of the type and quality of materials to be used.
- (f) The signature of the person, firm or corporation issuing the sub-work order.

"The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy, attached to the work order received from the licensed dentist, for inspection by the Department of Registration and Education or its duly authorized agents, for a period of 3 years in both cases." Failure of laboratories to comply is a misdemeanor.