



Dental Laboratory of Milwaukee

Apex Dental Laboratory of Milwaukee

1020 Corporate Drive 1-800-442-7741
Slinger, WI 53086

Please send:

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

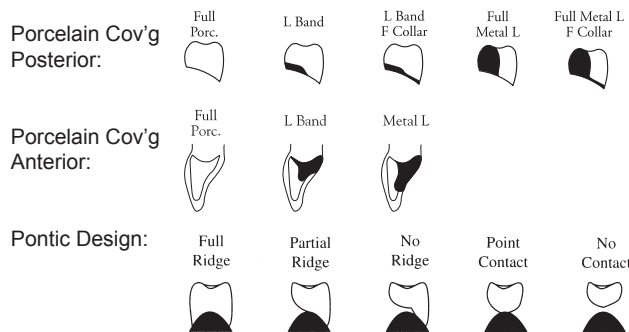
Doctor's Name _____	Telephone Number _____
Street Address _____	City/State/Zip _____
Patient Name or Identification Number _____	Age _____ Sex _____
Date Sent _____	Tooth # _____

LAB USE ONLY

Included with case:

<input type="checkbox"/> Impression _____	<input type="checkbox"/> Implant Components _____
<input type="checkbox"/> Opposing _____	<input type="checkbox"/> Old Crown _____
<input type="checkbox"/> Bite _____	<input type="checkbox"/> Shade Tab _____
<input type="checkbox"/> Impression Coping _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Models _____	<input type="checkbox"/> Date Received _____

Fixed Prosthodontics



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

If Minimal Occlusal Clearance:

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

Contacts:

- Open
- Closed

Glazing:

- High
- Regular
- Low
- Polish Only

Removable Prosthodontics

Preferred Tooth:

- Economy
- Mid
- Premium

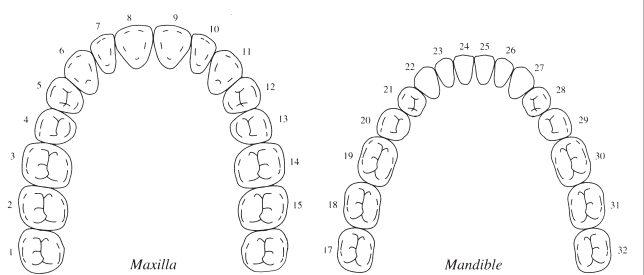
Partial Denture:

- Metal Frame
- A-Flex™ Flexible Partial
- Treatment Partial
 - w/Wires
- Duracetal
- Space Maintainer

Genisys 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
- Try-In
- To Completion

Design Case



Implants

Brand _____ Size _____

Abutment Material:

- Titanium
- Gold Shaded Titanium
- Zirconia

Abutment Type:

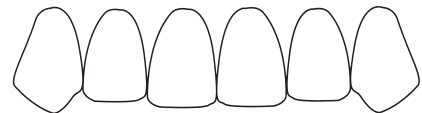
- Apex Patient Specific
- Apex Retrievable
- Atlantis
- A-Zir Bridge
- Manufacturer Specific
- Insertion Guide
- Surgical Guide
- Other

Instructions

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

Characterization

Send study models & email digital photos for anterior work



Shade:

Finish:

Try-in:

- Please call regarding this case.

Next Appointment

Date _____ Day _____ Time _____
Multiple unit cases require more time. Call for scheduling needs.

Doctor's signature/authorized signature _____

Date _____

License # _____

State _____

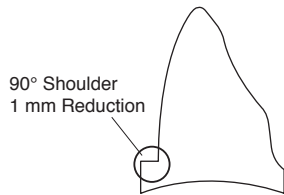
Questions, Please call 1-800-442-7741

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

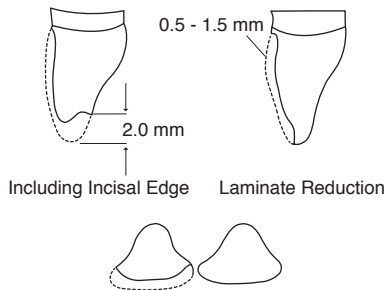
BUCCAL
LINGUAL
INTERPROXIMAL } 1.0 - 1.5 mm
INCISAL 1.5 - 2.0 mm



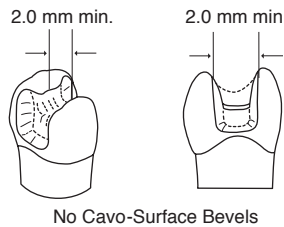
LABIAL
LINGUAL
INTERPROXIMAL } 1.0 - 1.5 mm
OCCLUSAL 1.5 - 2.0 mm



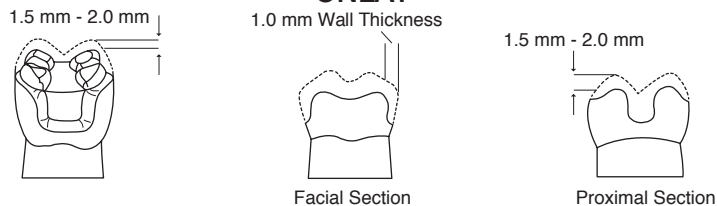
VENEER PREPARATION



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.