



**NORTHSHORE**  
DENTAL LABORATORIES, INC.  
141 Pleasant St. • Lynn, MA 01901

**1-800-338-5850**

DR.

ADDRESS

PATIENT

SEX M F

AGE

DATE SENT

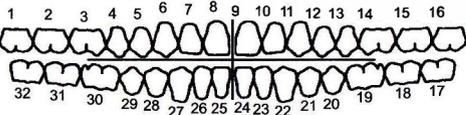
DATE DUE (by 5:00 p.m.)

PLEASE  
SEND ▶

LAB BAGS  BOXES  AIR BILLS  MAILING LABELS  
 GENERAL RX'S  IMPLANT RX'S

SPECIAL DELIVERY INSTRUCTIONS:

**RESTORATION NUMBER(S)**



**ENCLOSURES** WE CAN NOT BE RESPONSIBLE FOR ITEMS NOT DOCUMENTED IN THIS SECTION

IMPRESSION	MASTER MODEL	COUNTER MODEL	STUDY MODEL	BITE	PHOTO/SLIDE DIES	FACE BOW	SHADE TAB	ARTICULATOR	OTHER
QUANTITY									

Brand & Manufacturer: \_\_\_\_\_

**SHADE & CHARACTERIZATION**

**SURFACE TEXTURE**  
 SMOOTH  
 HORIZONTAL LINES  
 VERTICAL LINES

**SURFACE GLAZE**  
 HIGH SHINE  
 AVERAGE SHINE  
 DULL: EGG SHELL

**OPACITY**  
 TRANSLUCENT  
 AVERAGE  
 DENSE

**RESTORATIVE SERVICES**

- CALL OFFICE
- Full Gold Crown
- Full Gold Inlay/Onlay
- Metal Ceramic
- Metal Try-In
- Biscuit Bake
- Singles
- Diagnostic Wax Up
- Acrylic Provisional
- Attachment**
- Resilient
- Rigid
- Finish
- Removal Button
- Connected

- Alloy Type**
- High Noble - Yellow
  - High Noble - White
  - Titanium
  - Noble
  - Base
- Collar Design**
- \_\_\_\_\_ mm \_\_\_\_\_ ° Collar
  - Porcelain Butt Shoulder
  - No Metal to Show on:
  - Buccal  Lingual

- No Occlusal Clearance**
- Metal Occlusion
  - Metal Spot
  - Call Office
  - Reduction Coping
  - Plasty Opposing

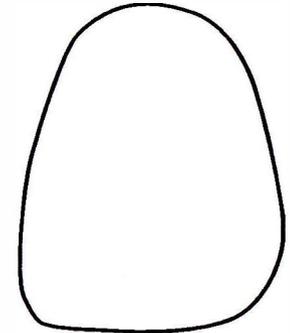
- CAD/CAM**
- Lithium Disilicate
  - Alumina (Anterior)
  - Zirconia (Posterior)
  - Singles  Bridge
  - Veneer
  - Inlay/Onlay
- e.max®**
- PROCERA®**
- straumann®**

**PARTIAL & DENTURE**

- CASE TYPE**
- Complete Maxillary Denture
  - Complete Mandibular Denture
  - Maxillary RPD
  - Mandibular RPD
  - TMJ Appliance
  - Other
- PROCEDURES**
- Repair
  - Reline
  - Soft Liner
  - Night Guard
  - Bleaching Tray
  - Custom Tray
  - Occlusal Rim
  - RPD Frame
  - Set Up
  - Shade** *Mould*
  - Regular Finish
  - Characterized Finish

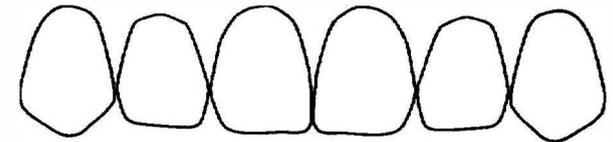
RX

Margin Design:  Chamfer  Shoulder  Shoulder-Bevel  Bevel



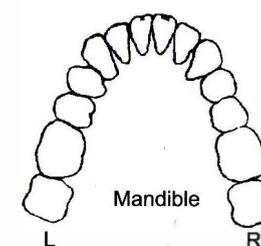
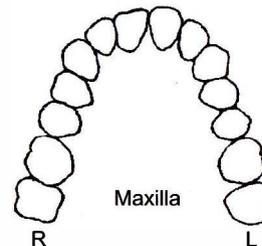
SHADE →

Email photos to: [nsdlabs@gmail.com](mailto:nsdlabs@gmail.com)



DR. SIGNATURE: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_ DR.'S EMAIL: \_\_\_\_\_

COST OF COLLECTION INCLUDING REASONABLE ATTORNEY FEES INCURRED FOR ANY ACCOUNT WILL BE PAID BY THE CUSTOMER.  
TERMS: NET 30 DAYS 1.5% SERVICE CHARGE OVER 30 DAYS.



GENERAL