

# OLIVIA

Beauty Through Dentistry

## Doctor Information

For cases outside our local delivery area, please allow two days shipping each way. Refer to our lead time. Schedule for specific production times.

Doctor's Name \_\_\_\_\_ Cell Phone (for case specific correspondence) \_\_\_\_\_

Olvia Client Name (If Different) \_\_\_\_\_ Practice Phone \_\_\_\_\_

License Number \_\_\_\_\_ Email \_\_\_\_\_

## Case Instructions

Patient Name \_\_\_\_\_

Age \_\_\_\_\_ Gender: M / F \_\_\_\_\_ Date Sent \_\_\_\_\_ Date Due \_\_\_\_\_

UPPER

LOWER

Notes: \_\_\_\_\_

Doctor's Signature (required) \_\_\_\_\_

Fixed

Removable

### Items Sent

#### Restorations

- HT Zirconia
- Full Contour Zirconia
- e-max<sup>®</sup>/ Lithium Disilicate
- PFM
- Other: \_\_\_\_\_

#### Metal Partial Frameworks

- Upper
- Lower
- One Step Final
- Try-in Framework

#### Try-in Type

- Frame Only
- Frame & Set-Up
- Frame & Bite Blocks
- Frame, Set-Up & Finish

#### Full Dentures

- One Step Final
- Immediate
- Base Plate/Rim
- Set-Up Inspection

Other \_\_\_\_\_

- Bite
- Opposing Model
- Raw .STL File
- Final CAD File
- Impressions
- Study Model
- Implant Parts
- .DICOM File

### Shade Chart

Notes: \_\_\_\_\_ Shade: \_\_\_\_\_

- I sent shade tab photos to data@oliviadentallab.com

oliviadentallab.com  
125 Lawrence Bell Dr # 100,  
Buffalo, NY 14221  
(716) 633-4700



### Request Supplies

- Contact Doctor
- Send Boxes
- Send Rx Forms
- Send Shipping Labels
- Send Lab Information
- \_\_\_\_\_

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