

OLIVA Beauty Through Dentistry

For cases outside our local delivery area, please allow two days shipping each way. **Doctor Information** 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 Gender: M / F Date Sent Date Due Notes: LOWER Doctor's Signature (required) **Fixed** □ Removable **Items Sent** Restorations Metal Partial Frameworks Bite ☐ HT Zirconia ☐ Upper One Step Final Opposing Model Lower ☐ Try-in Framework ☐ Full Contour Zirconia Raw .STL File e-max[®]/ Lithium Disilicate Try-in Type Final CAD File ☐ PFM ☐ Frame & Bite Blocks Frame Only Other: ☐ Frame & Set-Up Frame, Set-Up & Finish Impressions Full Dentures Study Model One Step Final ☐ Base Plate/Rim Implant Parts ☐ Immediate ☐ Set-Up Inspection **Shade Chart** .DICOM File Notes: Shade: Other **Request Supplies** oliviadentallab.com 125 Lawrence Bell Dr # 100, Buffalo, NY 14221 (716) 633-4700 I sent shade tab photos ☐ Contact Doctor☐ Send Boxes ☐ Send Shipping Labels to data@oliviadentallab.com Send Lab Information HEARTLAND DENTAL PARTNER Send Rx Forms **NOMAID** Evolve Partner Lab™ ©Copyright Olivia Dental Lab **TRUSTED LAB**

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 spec	ific correspondence)
Olvia Client Name (If Different)		Practice Phone	
License Number Case Instructions	Email		
Patient Name			_
Age Gender: M /	F Date Sent Date Due		
6 11 12 13 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Notes:		
32 17 17 19 19 19 19 19 19 19 19 19 19 19 19 19	Doctor's Signature (requin	ed)	
☐ Fixed	□ Rem	ovable	Items Sent
Restorations HT Zirconia Full Contour Zirconia e-max®/ Lithium Disilicate PFM Other:	Metal Partial Frameword ☐ Upper ☐ Lower Try-in Type ☐ Frame Only ☐ Frame & Set-Up Full Dentures ☐ One Step Final	rks ☐ One Step Final ☐ Try-in Framework ☐ Frame & Bite Blocks ☐ Frame, Set-Up & Finish ☐ Base Plate/Rim	Bite Opposing Model Raw .STL File Final CAD File Impressions Study Model
Shade Chart	Immediate	Set-Up Inspection	Implant Parts
Notes: Shade:	Other		.DICOM File
	oliviadentallab.com	Request Supplies	
I sent shade tab photos to data@oliviadentallab.com Evolve Partner Lab™ ©Convright Olivia Pental Lab	125 Lawrence Bell Dr # 100, Buffalo, NY 14221 (716) 633-4700 HEARTLAND DENTAL PARTNER DIAMOND TRUSTED LAR	Contact Doctor Send Boxes Send Rx Forms	Send Shipping Labels Send Lab Information