Fixed & Removable RX

OralArts
DENTAL LABORATORIES
2700 S. Memorial Pkwy P.O. Box 413 Huntsville, AL 35801 (800) 354-2075
9040 Airport Blvd. P.O. Box 850035 Mobile, AL 36608 (800) 327-4047
www.oralartsdental.com

Dr. Name_____ Dr. Phone #_____ Dr. Account #_____

Address_____ City_____ State_____ Zip_____

Email Address_____

Date Written_____ Patient_____ ☐ Male ☐ Female

Enclosed #

____ Model ____ Shade Tab ____ Impression ____ Articulator ____ Bite ____ Crown ____ Photos

Other: _____

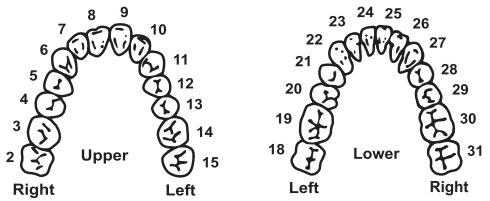
Due Date _____

Rush dates not guaranteed without prior approval.

☐ Patient not yet scheduled

Please Send:

- Study Model for Anterior Cases
- Stump Shade for All-Ceramic/Ultra-Z Esthetic



Dr. Signature_____

License #_____

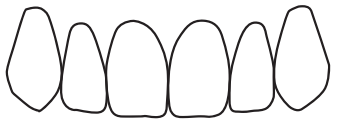
If No Occlusal Clearance:

☐ Adjust Opposing ☐ Phone Call

☐ Reduction Coping ☐ Make this permanent preference

Shade Instructions: Shade _____

Stump Shade _____



Occlusal Staining: __ None __ Light __ Medium __ Dark

Pontics (circle preference)

or Check-mark in Fillable PDF

No ☐Contact · Modified ☐Ridge · Full ☐Ridge · Point ☐Contact

Full-Cast Crowns

☐ Base Metal
☐ Argenco Y+ Yellow Noble
☐ Yellow Noble
☐ White Noble
☐ White High Noble
☐ Yellow High Noble

Margin & Metal Design

☐ Full Coverage Porcelain to Metal Coping
☐ Porcelain Butt Margin Buccal
☐ Lingual Metal Band
☐ 360 deg. Metal Band
☐ Lingual Half Metal Occlusal
☐ Full Metal Occlusal

PFM Crowns

☐ Base Metal
☐ Noble
☐ White High Noble
☐ Yellow High Noble

Dentures/ Flexible Partials

☐ Conventional Denture
☐ TrueFIT 3D Printed Denture
☐ Endura Milled Denture
☐ DuraFlex Partial
☐ DuraFlex/ Metal Combo
☐ Custom Tray
☐ IvoBase Premium Injection
☐ Denture Flipper/Acrylic Partial
☐ TCS Unbreakable Partial
☐ TCS Unbreakable/Metal Combo
☐ Bite Rim ☐ Try-in Setup
☐ Name in Appliance ☐ Unilateral

_____

Acrylic

☐ Original ☐ Light Reddish Pink
☐ Light ☐ Dark Pink

Teeth

☐ Premium Teeth
☐ EconomyTeeth

Premium Cast Partials

☐ Frame Try-In
☐ Frame with Setup
☐ Frame with Bite Rim
☐ Process/ Finish

QC Stamp:

☐ Check Here For ORAL ARTS SELECT Exclusive Esthetic Restorations

Zirconia/Ceramic Crowns/Provisionals

☐ Element-Z Zirconia (4Y) 1,050 MPa
☐ Ultra-Z Zirconia (5Y) 750 MPa
☐ Tetra-Z Lingual (3Y) 1,200 MPa
☐ Tetra-Z (3Y) 1,200 MPa
☐ CAD/CAM Oral Temp
☐ Snap-On Smile
☐ BioLogic Hybrid
☐ LiSi Press
☐ Element-Z Screw Retained Hybrid

Sleep Apnea & Ortho Devices

☐ dreamTAP ☐ QuietNite ☐ SomnoDent
☐ EMA ☐ myTAP

Night Guards/Bite Splints/Mouthguards

☐ AstronCLEAR ☐ Comfort HS ☐ Soft EVA
☐ AstronCOLOR ☐ Day Guard ☐ TrueSplint 3D
☐ BiteSoft Ant.Splint ☐ Gelb Splint ☐ Variflex HS
☐ Comfort HS Color ☐ IvoBase Clear Injected Splint

Specify Colors on RX

Indicate Implant System

_____

☐ Screw-Retained
☐ Cement-Retained

Implant Crown Emergence Profile

☐ Minimal Displacement*

☐ Natural Emergence
Impingement
☐ _____mm buccal
☐ _____mm mesial
☐ _____mm distal
☐ _____mm lingual

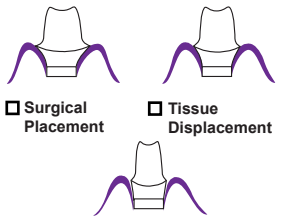
☐ Ridge lap to match adjacent contour

*Default

Implant Abutment

☐ OAL Custom Titanium Abutment
☐ OAL Custom Gold Hue Abutment
☐ Zirconia Hybrid Abutment
☐ Prep Stock Abutment

Custom Abutment Emergence Profile



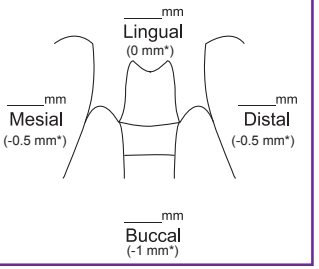
☐ Surgical Placement ☐ Tissue Displacement

☐ Minimal Displacement*

*Default

Custom Abutment Margin Depth

- Below Tissue, + Above Tissue
*Default



The statement balance is due and payable by the fifteenth of the month following purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Accounts with outstanding balances over 45 days will be subject to COD status. *If you have any case inquiries, questions, or concerns should be directed to* ***info@oralartsdental.com***

Rev. 1-29-2026