

DATE SENT _____

DATE NEEDED _____

Rx Forms Needed

PAN # _____

Central Dental Creations

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1-866-904-LAVA • www.centraldentalcreations.com

LAVA

- Single Unit _____
- Bridge _____
- Splinted Units _____

Lava frame shade coloring liquid	No Shade	FS1	FS2	FS3	FS4	FS5	FS6	FS7
Coordinates w/Vita 3D	OM1	1M1	2L1.5	2M2	3R2.5	2M3	3L1.5	3M1
	OM2	1M2	2L2.5	2R2.5	4L1.5	3L2.5	4M1	3M2
	OM3	2M1			4L2.5	3M3	4R1.5	3R1.5
		2R1.5			4M2	4M3	5M1	
					4R2.5		5M2	
							5M3	
Coordinates w/Vita Classical		A1	B2	A2	A4	A3.5	C2	D2
		B1	C1	A3		B3	C3	D3
						B4	C4	D4

Core Shade _____

Final Restoration _____

Cement Gap:

- 0.02 (recommended)
- Other _____

Coping Thickness:

- 0.4 (anterior only)
- 0.5 (posterior)
- Other _____

VIRTUAL WAX KNIFE

Tooth# _____

Pontic Design:

- Ridge Lap
- Ovate
- Pontic Placement

Wax Knife:

- No build up needed
- Build up as needed
- Build up per instructions (see right)

CASE ENCLOSURES

- Pindex Model
- Bite
- Temp Model
- Matrix
- Check Die
- *please no articulators

PATIENT NAME _____

MALE FEMALE AGE _____

LAB _____

ADDRESS _____

ZIP REQUIRED _____

TELEPHONE _____

[Wax Up Instructions]

