

Doctor Name: _____
 Patient Name: _____
 Address: _____
 Call Text: _____ Attn: _____ Due Date (by 5pm): _____

Please check the box next to the lab you wish to send to:
 (Lab Mailing Addresses on Page 2)

Knight Dental Thompson Dental
 CAC Dental York Dental
 BlueBox Dental Precision Dental



Fixed Restorations

Comprehensive Esthetic Center (CAC)
 Singles Splinted Bridge

Tooth#: _____

Full Contour ZR - Posterior use >1000mPa
 Translucent ZR - Bicuspid forward, 850 mPa
 ZR Picasso - Our Highest Esthetic
 e.Max Monolithic - 400 mPa when bonded
 e.Max Layered - Esthetic Anterior option
 e.Max Veneer / Inlay-Onlay
-Please provide stump shade!

PFM | Full Cast (Yellow White)
 Base | Semi-Prec. | High Noble
Add. Alloy charges apply for gold alloys


Temp Restoration
 Archform DX Waxup -includes matrix for temps

Sleep Appliances

EMA Appliance
 Trial Appliance Final Appliance

Panthera D-SAD
Please send Ideal protrusion and VDO measurements for best results!

FINAL SHADE Custom Shade / Stain



Occlusion
 Out Light Heavy

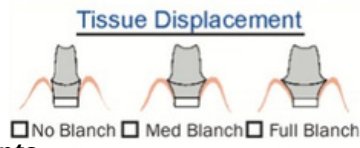
Contacts
 Light Heavy

Implant Restorations

Implant Type: _____ Diameter: _____
 Implant Sites: _____ Singles Splinted
 Bridge Digital Denture

•Restoration Style
 Screw Ret. Custom Abut ZR Abut _____

Tissue Displacement



No Blanch Med Blanch Full Blanch

•Components
 Leixir Preferred OEM (addl. charges apply)

•Fixed Restoration Options

Full Contour ZR. Translucent ZR
 ZR Picasso e.Max (w/ ZR Abut only)
 PFM Full Cast
 Semi-Prec. | High Noble
Add. Alloy charges apply for gold alloys

Temp Restoration

•Overdenture Restorations

Locator Denture (Direct to Implant)
 Titanium Bar / Overdenture (w/Attachments)
 Preferred Attachment: _____

•All-on-X Restorations

ZR Hybrid ZR/Ti Hybrid
 Acrylic/Ti Hybrid TX Plan Only
 Other _____

•Surgical Guides

2D Guide (Model based) 3D Guide (CT scan based)
 Implant Brand: _____ Sites: _____
 Guided Surgery Kit: _____

Removable Restorations

Setup Finish Complete

Printed Teeth Milled Teeth Premium Teeth
 Full Denture Immediate Denture

Kameleon Partial - Clear base w/Clear clasps
 Flexible Partial
 Cast/Flex Combo - Metal frame w/ Flexible clasping
 Cast / Acrylic Partial - Premium metal & Acrylic
 Acrylic Partial - Includes 2 metal clasps
 Flipper - Acrylic | Flexible

•Denture Teeth for Restoration
 Standard Premium Teeth (addl. charge)

•Night Guards Occlusion: Basic Functional
 Lexi Hard Lexi Flex - Digital design/print
 Processed Hard Comfort Hard/Soft

•Other Removable
 Custom Tray Bite Rim Bleaching Tray
 Hard | Soft Reline Repair _____

Lab Mailing Addresses on Page 2

Doctor Signature: _____ License #: _____
Terms: Net 30 days/1.5% late fee over due date. Cost of Collection of any account will be paid by customer.

LEIXIR

Dental Laboratory Group

Lab Addresses to ship your case: Please check the box next to which lab you will be sending this case to & please include this page when sending in your RX.



4 Pin Oak Dr
Branford CT 06405
1-800-356-6591



1922 Greenspring Dr. Suite 9
Timonium, MD 21093
800-234-2109



3659 Tampa Road
Oldsmar, FL 34677
1-800-359-2043



3659 Tampa Road
Oldsmar, FL 34677
1-800-359-2043



3659 Tampa Road
Oldsmar, FL 34677
1-877-825-1690



37 Thurber Blvd, Bldg. B,
Smithfield, RI 02917
800-828-2418