LEIXIR
DENTAL LABORATORY GROUP

UNIVERSAL RX

Please mail case to: 4 Pin Oak Dr., Branford CT 06405

Doctor Name: Patient Name

Address: Phone: ☐ Text ☐ Call Attn: Due Date (by 5pm)

FIXED RESTORATIONS

Comprehensive Esthetic Center (CAC)

☐ Singles ☐ Splinted ☐ Bridge

Tooth#: _____

- ☐ Full Contour ZR - *Posterior use >1000mPa*
- ☐ Translucent ZR - *Bicuspids 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 I 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 ☐ Final Appliance
☐ Trial 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 ☐ Bridge ☐ Splinted ☐ Digital Denture

Restoration Style

☐ Screw Ret. ☐ Custom Abut ☐ ZR Abut _____

Tissue Displacement

☐ No Blanch ☐ Med Blanch ☐ Full Blanch

Components

☐ Leixir Preferred ☐ OEM *(add/. 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
☐ Temp Restoration *-Add. Alloy charges apply for gold alloys*

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 I Acrylic Partial - *Premium metal & Acrylic*
- ☐ Acrylic Partial - *Includes 2 metal clasps*
- ☐ Flipper - *Acrylic I 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.