

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 - 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 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.

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.

☐  **KNIGHT
DENTAL**

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

☐  **THOMPSON
SUBURBAN**

1922 Greenspring Dr. Suite 9
Timonium, MD 21093
1-800-234-2109

☐  **PRECISION
CRAFT**

37 Thurber Blvd, Bldg. B,
Smithfield, RI 02917
1-800-828-2418

☐  **YORK**

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

☐  **C.A.C.**

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

☐  **4G**

1311 Rayford Park Rd, Unit D
Spring, TX 77386
1-833-682-8901

☐  **NXT LVL**

10970 S Cleveland Ave Ste 402,
Ft. Myers, FL 33907
1-877-800-2848

☐  **SHOWCASE**

4694 Tamiami Tri,
Port Charlotte, FL 33980
1-941-764-9177

☐  **BLUEBOX**

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