



REQUIRED INFORMATION

Doctor: _____ Lic. # _____ Account#: _____
Address: _____ Due Date (by 5 pm): _____
City/State/Zip: _____
Phone: _____ Rx Date: _____ Patient Next Appt.: _____
Dr. Signature: _____ Patient Name: _____ ☐ M ☐ F
First Last



BLUEBOX

A LEIXIR DENTAL LABORATORY

1867 Crane Ridge Dr. Suite 220
C Jackson, MS 39216

Admin@BlueBoxDental.com

Send Your Cases to Blue Box Today!

(877) 825-1690

TURNAROUND TIMES

Days from when the
lab receives case.

Digital	8
Fixed (analog)	14
Implant	21
Removable (per stage)	10
Orthodontic	10

IMPORTANT: Please call
ahead to arrange rush cases.

FIXED RESTORATIONS

SELECT: ☐ CROWN ☐ BRIDGE ☐ VENEER

METAL-FREE

- ☐ Full / Solid Zirconia
- ☐ Esthetic Zirconia
- ☐ Layered Zirconia
- ☐ e.Max

IMPLANTS

Abutment	Brand	Size
<input type="checkbox"/> Zirconia	_____	_____
<input type="checkbox"/> Titanium	_____	_____
<input type="checkbox"/> Implant Crown Only		
<input type="checkbox"/> Screw Retained		
<input type="checkbox"/> Cement Retained		

☐ COMPOSITE

☐ TEMPORARY

PORCELAIN TO METAL

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble White
- ☐ High Noble Yellow

FULL METAL CAST

- ☐ FMC Non-Precious
- ☐ FMC Semi-Precious
- ☐ FMC High Noble White
- ☐ FMC High Noble Yellow

IF INSUFFICIENT ROOM

- | | |
|--|--|
| <input type="checkbox"/> Trim Opposing | <input type="checkbox"/> Reduction Coping |
| <input type="checkbox"/> Call to Discuss | <input type="checkbox"/> Metal Island |
| <input type="checkbox"/> Metal Occlusal | <input type="checkbox"/> Trim Prep No Coping |

Shipping and Handling Fee \$11.50

*Fixed cases ship free with a UPS shipping label provided by the lab.

Lifetime on all fixed products

1 year on all removable products

1 year on orthodontic appliances

PLEASE SEND

- ☐ RX Forms
- ☐ Boxes
- ☐ Mailing Labels



SPECIFIC INSTRUCTIONS:

TOOTH #: _____

SHADE: _____

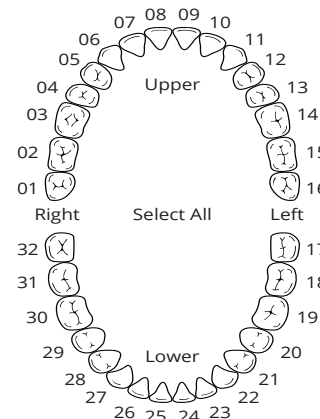
STUMP SHADE: _____

STAINING

- ☐ Light ☐ Heavy
- ☐ Medium ☐ None



☐ Diagnostic Wax-Up



REMAKE: ☐ Yes ☐ No

ORIGINAL PRODUCT ENCLOSED: ☐ Yes ☐ No

Enclosures Lab Use Only

- | | | | |
|-------------------------------------|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> Photo(s) | <input type="checkbox"/> Analog | <input type="checkbox"/> Models | <input type="checkbox"/> Implant Parts |
| <input type="checkbox"/> Impression | <input type="checkbox"/> Bite | <input type="checkbox"/> Shade Tab | <input type="checkbox"/> Other |

REMOVABLE

SELECT: ☐ FULL DENTURE ☐ PARTIAL

TISSUE SHADE

- ☐ Pink
- ☐ Light Pink
- ☐ Ethnic
- ☐ Blended

SELECT STAGE

- ☐ Complete (One Stage)
- ☐ Frame Try-in
- ☐ Wax Try-in w/Teeth
- ☐ Final Process

☐ UPGRADE
TO PREMIUM
TEETH

CAST PARTIALS

- ☐ Cast Partial
- ☐ CP Unilateral
- ☐ Vitallium

NIGHTGUARDS

- ☐ Hard
- ☐ Soft
- ☐ Hard / Soft
- ☐ Thermoguard

NON-METAL PARTIALS

- ☐ Kameleon
- ☐ Valplast
- ☐ Flexible Partial
- ☐ Acrylic / Flipper

DENTURES

- ☐ Standard
- ☐ Premium

IMMEDIATES

- ☐ Extract All
- ☐ Extract tooth # _____

ORTHODONTIC

- ☐ Hawley Retainer
- ☐ Space Maintainer
- ☐ Other _____

REMOVABLE EXTRAS

- ☐ Cast Clasp
- ☐ Esthetic Clasp
- ☐ Bite Block / Base Plate
- ☐ Wire Reinforcement
- ☐ Bleaching Tray
- ☐ Custom Tray
- ☐ Fit to Crown / Appliance
- ☐ Pt Identification
- ☐ Other _____

REPAIRS/RELINES

- ☐ Reline Hard / Soft
- ☐ Rebase
- ☐ Add Tooth
- ☐ Clasp
- ☐ Fracture