



Gaines Dental Laboratory

620 Perimeter Dr. Ste 204 Lexington, KY 40517

Dr. _____ Date Sent: _____

Patient _____ Return Date: _____

Enclosed with case:

☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Flash Drive

Ceramic Pontic Design (please circle one)				
Sanitary	Full Ridge	Modified	Bullet	Ovate

Ceramic Metal Design (please circle one)				

IF NO OCCLUSAL CLEARANCE	
Call Doctor ☐	Relieve Opposing ☐
Metal Island ☐	Metal Occlusion ☐

Specify Shade:

Final Tooth Shade: _____

Shade Guide: _____

☐ Pink Porcelain at Gingiva

Shade: _____

Gingival

Body

Incisal

Abutment Margin Depth			
_____		_____	_____
Facial		Mesial	
_____		_____	_____
Lingual		Distal	
(if left blank, default values will be used)			
DEFAULT: Buccal = 1mm / Lingual = .5mm			
Mesial = .75mm / Distal = .75mm			

Implant System:

Select Specific Abutment Type: _____Titanium _____Zirconia

Please send: _____ Boxes _____ Mailing Labels

Signature _____ License _____