



Lab Use Version 04/15/2019	
WORK ORDER NUMBER	

467 Pennsylvania Avenue, Suite 201
 Fort Washington, PA 19034
 Phone: 215-646-7362
 cmprosthetics.com

Patient: _____ DOB: _____
 Work Order Date: ____ / ____ / ____
 Delivery request date: ____ / ____ / ____

Clinic: _____
 Address: _____ Suite/Floor: _____
 City: _____ State: _____ Zip: _____
 Dr. Name: _____ Work ID: _____

Please call Dr. before starting the case: Yes No Phone: _____

Articulator number: _____ Lab use
 Tooth Shade: _____
 Tooth Mould: _____ Gingiva Shade: _____

Work Description:

- | | | | |
|--|---|---|---|
| Upper custom tray <input type="checkbox"/> | Upper master cast <input type="checkbox"/> | Upper bite block <input type="checkbox"/> | Upper Bone Reduction Guide <input type="checkbox"/> |
| Lower custom tray <input type="checkbox"/> | Lower master cast <input type="checkbox"/> | Lower bite block <input type="checkbox"/> | Lower Bone Reduction Guide <input type="checkbox"/> |
| Teeth to rehabilitate | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 | Upper Verification Jig <input type="checkbox"/> | |
| | 32 - 31 - 30 - 29 - 28 - 27 - 26 - 25 - 24 - 23 - 22 - 21 - 20 - 19 - 18 - 17 | Lower Verification Jig <input type="checkbox"/> | |

Maxilla	Mandible	Fully Milled	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CM Ceramic Prosthesis / Acceleraset (Ceramic Teeth, Ti Frame)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CM Acrylic Prosthesis (Acrylic Teeth, Ti Frame)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CM Fusion Prosthesis (Anterior Ceramic Teeth, Posterior Acrylic Teeth Ti Frame)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CM All Acrylic Prosthesis (Provisional)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removeable Complete Denture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retread
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crown and Bridge (Indicate Type Below)

Indicate special instructions below and/or on the back of this work order form

- Checklist of materials:**
- Precise Master Cast
 - Opposing Model (Antagonist)
 - Stone Cast of Provisional Bridge
 - Occlusal Record
 - Tooth Shade Selection
 - Gingiva Shade Selection

Special Instructions:

Continued →

Signature: _____ License No.: _____ State: _____