



Lab Copy

Era Dental Laboratory

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Tel: Vivian 917-703-2795 Sam 774-454-3780

Email: Eradentallab@gmail.com

Office Name: _____

TEL: _____

Contact Person: _____

Patient: _____

Age: _____

Gender: Female Male

Due Date: _____

Prep Date: _____

FIXED RESTORATIONS	
All-Ceramic Crowns	
<input type="checkbox"/> Zirconia	<input type="checkbox"/> E-Max
<input type="checkbox"/> Full Anatomical	<input type="checkbox"/> PFZ
<input type="checkbox"/> Inlay / Onlay	<input type="checkbox"/> Post
Metal Crowns	
<input type="checkbox"/> Non Precious <input type="checkbox"/> Semi Precious	
<input type="checkbox"/> Precious	
<input type="checkbox"/> Nobel	<input type="checkbox"/> YELLOW High Noble
<input type="checkbox"/> PFM	
<input type="checkbox"/> Full Anatomical Crown	
<input type="checkbox"/> Inlay / Onlay	
<input type="checkbox"/> Post	
<input type="checkbox"/> Metal Try-In	
Implants	
<input type="checkbox"/> Zimmer	<input type="checkbox"/> Bicone
<input type="checkbox"/> 3I/Encode	<input type="checkbox"/> Noble Biocare
<input type="checkbox"/> Hiossen	<input type="checkbox"/> Osstem
<input type="checkbox"/> Custom Abutment <input type="checkbox"/> Stock Abutment	
Metal Collar	
<input type="checkbox"/> No metal	<input type="checkbox"/> 120° metal
<input type="checkbox"/> 360° metal	

REMOVABLE RESTORATIONS
Cast Partial
<input type="checkbox"/> Co-Cr Alloy Framework
<input type="checkbox"/> Titanium Framework
Acrylic
<input type="checkbox"/> Pink <input type="checkbox"/> Meharry
Acrylic Teeth
<input type="checkbox"/> Regular Acrylic Teeth
<input type="checkbox"/> "VITA" Acrylic Teeth
<input type="checkbox"/> "SOFU" Acrylic Teeth
Attachments
<input type="checkbox"/> ERA Attachment
<input type="checkbox"/> MK1 Attachment
<input type="checkbox"/> Telescope Crown
<input type="checkbox"/> Magnetic attachment
Orthodontic Appliances
<input type="checkbox"/> Rapid expander
<input type="checkbox"/> Pendulum Appliance
<input type="checkbox"/> Activator
<input type="checkbox"/> Frankel (I II III)
<input type="checkbox"/> Tongue Barrier
<input type="checkbox"/> Anti-sonorer Appliance
<input type="checkbox"/> Hawley Retainer
<input type="checkbox"/> Occlusal Plane/Bite Plate

<input type="checkbox"/> Single Crowns <input type="checkbox"/> Splinted Crowns <input type="checkbox"/> Wax Try-In With Teeth Only	
Gingival Embrasure	
Items Enclosed	<input type="checkbox"/> Bite <input type="checkbox"/> Impression: <input type="checkbox"/> Photo <input type="checkbox"/> Shade Tap <input type="checkbox"/> Implant Parts <input type="checkbox"/> Other:

Notes:

Era Dental Laboratory is a Fully Service Lab that provides variety of products not listed on the RX form. Please call and request the item you are looking for.

Doctors Name: _____

License Number: _____

Doctors Signature: _____

Era Dental Laboratory LLC. Requires full payment of your invoices before shipping cases back.