

Platinum Dental Milling

Work Order

Requested Return Date: _____

Patient Name or ID#: _____

Laboratory Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: (____) _____

Tooth #'s:

Copings: _____ Shade: _____

Bridge: _____ Shade: _____

Full Contour (singles): _____ Shade: _____

Full Contour (bridge): _____ Shade: _____

Anatomy: deep match adjacent

Material:

Full Contour Zirconia (Please Select):

Zenostar Cercon HT
 Luminesse AT Luminesse HT

Zirconia Coping/Bridge Framework (Please Select)

ZenoTec HS Luminesse HS

Other (Please Select):

PMMA (for temporaries) wax (for casting/pressing)

Additional Information:

Please trim die with subtle undercut under margin and block out undercuts on die with scan wax.
DO NOT seal or paint dies with die spacer.

Signature: _____ Date: _____