



Today's Date ____ / ____ / ____

Doctor _____

Patient's Full Name

Return by 5pm on _____ Age _____ ☐ Male ☐ Female

AIM DENTAL LABORATORY
802 Myrtle Avenue • Brooklyn, NY 11206
718.854.3900 / 800.238.3500
Fax: 718.854.4324
Email: customer@aimdentallab.com

Dr. Account #	License #
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Address

City _____ State _____ Zip _____

Phone _____ Fax _____

Email

☐ Call me before proceeding with case

SHADE			
DENTURES & PARTIALS			
☐ Full Denture			
CAST PARTIAL			
☐ Vitallium 2000 Plus	☐ Nobil Star		
☐ Nesbit (up to 3 teeth)			
☐ Combo (Cast-Flex/Valp)			
ACRYLIC PARTIAL			
☐ Acrylic (2 Wire Arms Incl)			
☐ Flipper (No Clasps, up to 4 teeth)			
☐ Cusil			
METAL FREE PARTIAL			
☐ Flexite			
☐ Valplast			
☐ Nesbit (up to 3 teeth)			
.....			
☐ Upper	☐ Set-Up	☐ Custom Tray	
☐ Lower	☐ Finish	☐ Bite Block	
☐ Frame Only	☐ Meharry		

CROWN & BRIDGE		
☐	Non Precious	
☐	Semi Precious (Noble)	
☐	White High Noble	
☐	Yellow High Noble	
☐	Captek	
☐	Maryland Bridge N.P.	
ALL CERAMIC		
☐	Emax (Please specify stump shade and final shade)	
☐	Zirconia (Full Porcelain Coverage)	
☐	Aimzir Solid Zirconia	
☐	Aimzir & Facial Cut Back for Porcelain	
☐	Sculpture FibreKor	
☐	Temporary	
.....		
☐	☐	☐
PFM	Full Cast	Cast Post
☐	☐	
Laminate/Veneer	Inlay/Onlay	
☐		
Gold Enhancement		
.....		
☐	☐	☐
Try In	Bisque Bake	Finish
☐	☐	
Singles	Bridge	

[illegible]

IMPLANTS

- ☐ **Screw Retained Crown**
- ☐ **Cement on Crown**
 - ☐ Prep Abutment
 - ☐ Cast Custom Abutment
 - ☐ Titanium Custom Abutment
 - ☐ Zirconia Custom Abutment
- Please specify crown above
- ☐ Soft Tissue Model
- ☐ Surgical Stent

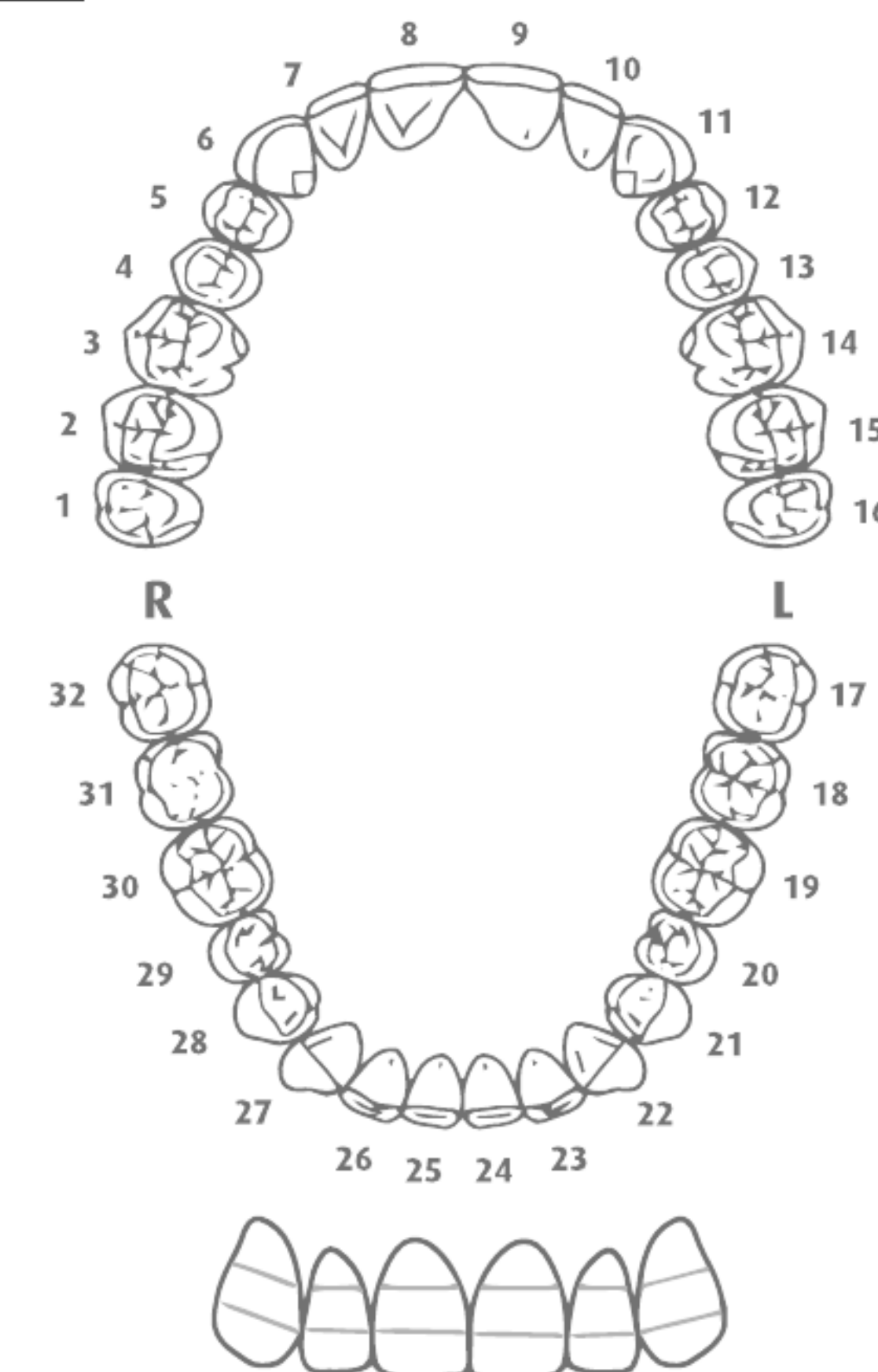
NIGHT / SPORTS GUARDS

- ☐ Hard
- ☐ Soft
- ☐ Hard/Soft
- ☐ Sports Guard
- ☐ Snore Guard

ADDITIONAL ITEMS

- ☐ Premium Acrylic Teeth
- ☐ Porcelain Teeth
- ☐ Lucitone 199
- ☐ Ball Clasp
- ☐ Flexi/Valp. Clasp
- ☐ Thermoflex Clasp
- ☐ Patient Name in Acrylic

PLEASE SEND	
☐	Rx Forms
☐	Bags
☐	Boxes
☐	U.P.S. Labels



OCCLUSAL STAINING	
☐ Non (Standard)	☐ Light
☐ Medium	☐ Dark

ANTERIOR DESIGN		
		
☐ 3/4 Metal Lingual	☐ 1/4 Metal Lingual	☐ No Metal Lingual

PONTIC DESIGN				
				
☐	☐	☐	☐	☐
Standard				

BUCCAL MARGIN DESIGN
☐ Metal Hairline or ____ mm on Buccal
☐ Metal Porcelain Junction Margin (Standard)
☐ Porcelain Butt Margin (90° Shoulder Required)

DR. SIGNATURE _____

SPECIAL INSTRUCTIONS - CONTINUED

FOR LAB USE ONLY ENCLOSED WITH CASE			
	Models		Crowns
	Impressions		Dies
	Articulator		Copper Band
	Bite		Gold
	Denture		Gold Tooth
	Partial		Implant Parts
	Nesbit		Duralay
	Frame		Shade Tab
	Set-Up		Multiple Cases
	Teeth		Other_____

EMERGENCY CASES

We are in business to assist you.

When emergencies arise, **please call to notify us.**

We will make arrangements to expedite your work whenever possible.

CONSULTATIONS

For a FREE consultation call or email us at mail@aimdentallab.com

TURNAROUND TIMES



Crown and Bridge 11 Days



Implants 12 Days



Removables 11 Days



Ortho 8 Days

TAT are estimated maximum times.

For complex cases, feel free to call or contact your rep for further assistance. We appreciate your business.

TAT for scanned cases are faster. We accept all scanner types and STL files.



digital@aimdentallab.com

Ask us about our scanner program for dental practices.

RUSH / URGENT CASES

Please contact us for rush or urgent cases:

24 - 48 hours (NYC only)

2 - 5 days