



201 FINNEY DRIVE SW | HUNTSVILLE, AL 35824
 P: 1-800-376-6884 F: 1-256-232-7360
 WWW.BARKSDALEDENTALLAB.COM

DOCTOR'S NAME _____

LICENSE # _____

PATIENT'S NAME _____

DATE WRITTEN _____

ADDRESS _____

PHONE # _____

AGE _____

GENDER _____

PATIENT APPT _____

DUE DATE _____

CITY / STATE / ZIP _____

EMAIL _____

Please deliver the day before patient appointment.

Approved RUSH! I spoke with _____

Date/Time of Conversation: _____

REMOVABLE RX

QC



DENTURES

- Conventional Denture
- Digital Denture
- Setup for Try-In
- Immediate (NO WARRANTY)
- Premium Ivobase Injected Denture
- Custom Tray
- Bite Rim
- Process & Finish

ACRYLIC

- Light
- Original
- Dark

PARTIALS

CAST FRAMEWORKS

- Frame Try-In
- Frame + Bite Rim
- Frame + Setup
- Setup Approved - Process & Finish

PARTIALS

- Flexible
- Acrylic
- Flipper
- Setup for Try-In
- Immediate (NO WARRANTY)
- Ortho Flipper (up to 4 teeth)

NIGHTGUARDS

- Astron Clear
- Hard / Soft Clear
- Hard Clear
- Astron Color
- Hard / Soft Color
- Other Ortho Appliance / Notes Provided

DOCTOR'S SIGNATURE _____

INSTRUCTIONS



OFFICE CHECKLIST

- IMPRESSION
- SHADE TABS
- IMPLANT PARTS
- STUDY / PRE-OP MODELS
- PATIENT TEETH
- ARTICULATOR
- FACEBOW
- IMPRESSION POST
- OTHER _____
- BITE
- PHOTOS
- ANALOG
- PARTIAL

INADEQUATE CLEARANCE

- RELIEVE PREP
- CALL DOCTOR
- RELIEVE OPPOSING
- PROCEED ANYWAY (NO WARRANTY)

Send photos with shade tabs visible to shades@barksdalelab.com

QC



FIXED RX

CROWN & BRIDGE

- | | RESTORATION TYPE | TOOTH # |
|-----------|--|--|
| CERAMIC | <input type="checkbox"/> IPS Emax | _____ |
| | <input type="checkbox"/> Full Contour Zirconia (FCZ) | _____ |
| | <input type="checkbox"/> Vivid Esthetic Zirconia | _____ |
| | <input type="checkbox"/> Porcelain Fused to Zirconia (PFZ) | _____ |
| PFM | <input type="checkbox"/> CAD/CAM Provisional Temp | _____ |
| | <input type="checkbox"/> Base | <input type="checkbox"/> Noble* <input type="checkbox"/> Hi Noble* |
| | <input type="checkbox"/> Porcelain Butt Margin | _____ |
| | <input type="checkbox"/> Metal Lingual | _____ |
| FULL CAST | <input type="checkbox"/> Occlusal/Metal Island | _____ |
| | <input type="checkbox"/> White | <input type="checkbox"/> Yellow |
| | <input type="checkbox"/> Base | <input type="checkbox"/> Noble* <input type="checkbox"/> Hi Noble* |
| | * Alloy Surcharges Applied | |

Check for Signature Department

SHADE MAP

SHADE _____

IMPLANTS

Implant System / Size: _____

ABUTMENTS

- Cement Retained
- Screw Retained
- Leave Access Hole, Do Not Cement In-Lab

CUSTOM ABUTMENT

- Titanium
- Zirconia
- Ti Base
- Gold Hue

PREP STOCK ABUTMENT

- Supplied
- Lab Provided

Rush dates not guaranteed without prior approval. Working time for cases refers to M-F 8A-5P, not including holidays, weekends, or transit time to/from lab. Accounts with outstanding balances 90+ are subject to automatic COD status if unreachable. Our 2-Year Warranty covers material failure or workmanship on most of our products. All remakes must be returned with original model work and all case materials for evaluation. If a case is returned for remake without the necessary evaluation items, the remake will be processed at full charge. Client agrees to pay any collection costs incurred in the collection of any delinquent account including reasonable attorney fees. These terms are subject to change without notice. Please do not hesitate to give us a call if you have questions or concerns at 800-376-6884. Revision 3/23/21