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 marvitdental.com
 201.773.3082

LAB USE ONLY		
Case in LAB	/	/
Implant analog- included		not included

DUE DATE

DOCTOR _____

ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____ **PHONE** _____

E-mail _____

PATIENT _____ **SEX** M / F **AGE** _____

DENTURE

- | | |
|----------------------------|---------------|
| Acrylic Denture | Full |
| Flexible Denture | Partial |
| Over Denture w/attachments | Metal frame |
| Over Denture w/Hader bar | Flipper |
| Economy Teeth | Premium Teeth |

CROWN & BRIDGES

- | | | |
|----------------|--------|-------------------|
| Zirconia Crown | Solid | Porcelain Layered |
| Emax Crown | | |
| PFM Crown | | |
| Coping try in | | |
| Basquet bake | Pontic | |
| Temp Crown | Design | |
- No Contact
A

Point Contact
B

No Ridge
C

Modified Ridge (Standard)
D

IMPLANT RESORATION

- Implant Platform / brand #
- Screwretained crown #
- Crown with Custom Abutment #
- Crown with Stock Abutment #

ALL ON 4 RESTORATION

- Screw Retained Hybrid Denture (acrylic teeth with Ti bar)
- Solid Hybrid Zirconia (Porcelain cutback available)
- Zirconia crowns over Peek/Titanium frame (TBD)

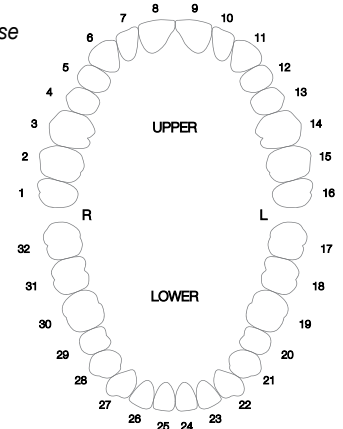
CASE INSTRUCTIONS:

SHADE

Stamp Shade

Design Your Case

- Single crowns
- Splint crowns
- Call office to discuss



DR'S SIGNATURE _____ **LICENSE#** _____

Dentist agrees to company policy. Dentist agrees to pay in full the stated price of Goods within 21 days after the date of statement. The dentist has the right to inspect Goods prior to acceptance. If Goods are not returned to Marvit Dental within 10 business days, this will mean acceptance of Goods. Dentist agrees to pay all legal and collection costs in event of suit. Dentist must completely clean all blood and saliva from all materials used in the mouth and must disinfect all items before sending to Marvit Dental.