Doctor _____

City/State _____

Patient _____

Age _____ **Male** ☐ **Female** ☐

Shade _____

Date Wanted (Please use specific date) _____

Kiess KRAFT
Dental Laboratory

6601 So. 118th St.
Omaha, NE 68137
402.391.8424
800.553.9522

Crown & Bridge/Ceramics

☐ Lava ™
☐ IPS e.max®
☐ Empress
☐ PFM
☐ Goldkor
☐ Full Cast
☐ BruxZir®

Teeth # _____

Type of Metal ☐ Hi-Noble ☐ Noble ☐ Non-Precious

Color of Metal ☐ Gold ☐ Silver

Facial Margin ☐ Metal ☐ Show No Metal ☐ Porcelain Butt Margin

Partial Denture

☐ **Maxillary** ☐ **Mandibular**

☐ EZ Fee Vitallium 2000 +
☐ Acetal Resin Frame
☐ Valplast
☐ Kast Mesh
☐ Stress Guard
☐ White (A. R.) Clasps
☐ Metal Flipper
☐ Temp Partial **(Acrylic Flipper)**

☐ Frame Trial
☐ Frame & Bite Block
☐ Frame & Set Teeth in Wax
☐ Frame, Set & Finish
☐ Design & Estimate
☐ Other

Implants

Brand of Implant _____

Diameter _____

Abutment:
☐ Titanium
☐ Zirconia

Overdenture:
☐ Cast Implant Bar
☐ Attachments **(i.e. Locators™)**

(CAD/CAM may be utilized for abutments)

Denture

☐ **Maxillary** ☐ **Mandibular**

☐ Tray
☐ Baseplate & Biteblock
☐ Precured Base
☐ Set for Trial
☐ Process

Type of Acrylic:
☐ 199 ☐ Diamond D

Injection Technique:
☐ Success ☐ Ivocap

Nightguard:
☐ Soft
☐ Clear Hard
☐ Kiess Comfort

☐ Ant. Mould _____
☐ Post. Mould _____

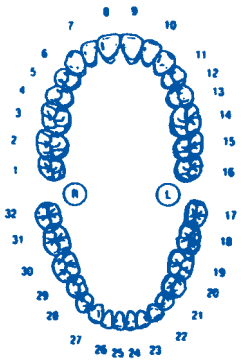
Type of Teeth:
☐ Premium
☐ Hardened Plastic
☐ Porcelain

Immediate Denture:
☐ Permanent
☐ Treatment (temp.)
☐ Twin

☐ **NTI-tss Plus™**

☐ **Cost Plus Welfare** **(Allow More Time)**

Special Instructions



Signature of Dentist _____ Rx written by _____

License No. _____ Box packed by _____