SABER DS

JOB PAN #

We have the Solution

Saber Dental Studio
6500 Shingle Creek Parkway Brooklyn Center, MN 55430
763/566-0210 1-800-264-3903 Fax 763/566-5100

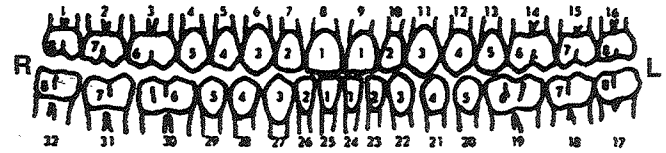
NDX RELIANCE™

ChairTime Saver System™

CERTIFIED DENTAL LABORATORY

CERAMICS		ALL CERAMIC		FULL CAST		DENTURE	
PORCELAIN FUSED TO: Predominantly Base (Non-Prec.) CM BASE PB		E-MAX		Predominantly Base (Non-Prec.) CM BASE PB		Custom Tray	
Noble (Semi-Prec.) NOBLE CM N		EMPRESS™		Noble (Semi-Prec.) NOBLE CM N		Bite Blocks	
High Noble (Gold) HIGH NOBLE CM HN		Full Crowns				Set-Up	
CAPTEK™		Inlays/Onlays		High Noble (Gold) HIGH NOBLE CM HN		Finish	
Full Crowns		Veneers		SPECIALTIES		PARTIAL DENTURE	
		LAVA		NTI TSS PLUS		FRAME TRIAL	
		Full Crowns				FRAME WITH BITE BLOCKS	
		Bridge		THERMOGUARD		SET-UP	
						FINISH	

PLEASE PROVIDE DETAILED INSTRUCTIONS!



Patient Information

Sex_____ Age_____

RETURN BY

	Date	Time
TRIAL		
FINISH		

PLEASE SEND:

- Mailing Box ❑
- Prepaid Stickers ❑
- Rx Order Forms ❑
- Book Form ❑
- Unbound ❑
- Fee Schedule ❑

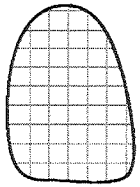
Shade Information

Shade Guide Used:
- ❑ VITA
- ❑ Other

Overall Shade: _____

Dentin Shade: _____

Shade Taken Under Color-Corrected Lights: ❑ Yes ❑ No



LAB USE ONLY

RIDGE RELIEF
❑ None ❑ Slight ❑ Medium ❑ Heavy

GINGIVAL COLLAR
❑ Yes ❑ No

PONTIC DESIGN

CONTACTS:
Open ❑
Closed ❑

Minnesota Dental Laboratory Association

MEMBER NADL National Association of Dental Laboratories

WRITE ADDITIONAL INSTRUCTIONS AND/OR PARTIAL FRAME DESIGN ON REVERSE SIDE

Net amount of invoice is due within 30 days of receipt of order; all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorneys fees and collection costs if this account is referred for collection.

Signature _____

Date _____ License No. _____

Fold cover flap under when writing