CASE SUBMISSION FORM

Sunrise Dental Lab · Yucaipa, CA · (909) 790-1115 · john@sunrisedentallaboratory.com

Case #: _____

Date: _____

Rush: ☐ Yes Due Date: _____

DOCTOR & PRACTICE INFORMATION

DOCTOR NAME

Dr.

PRACTICE NAME

PHONE

EMAIL

ACCOUNT NUMBER (IF EXISTING)

PATIENT INFORMATION

PATIENT LAST NAME

PATIENT FIRST NAME

PATIENT ID / CHART #

DATE OF BIRTH

MM / DD / YYYY

DUE DATE REQUESTED

MM / DD / YYYY

CASE TYPE

- ☐ Full-Arch / All-on-X
- ☐ Implant Crown & Bridge
- ☐ CAD/CAM Crown & Bridge
- ☐ Removable / Overdenture
- ☐ Cast Partial
- ☐ Full Denture
- ☐ Other

TOOTH / ARCH INFORMATION

TOOTH / ARCH

e.g. #3, #14, Full Upper

IMPLANT SYSTEM / PLATFORM

e.g. Nobel Biocare RP 4.3mm

ABUTMENT TYPE

e.g. Ti-base, Custom, Stock

SCREW ACCESS

Screw-retained / Cement-retained

OPPOSING

Natural / Denture / Implant

MATERIAL & SHADE

MATERIAL

e.g. Full-contour Zirconia, PFM, Acrylic

SHADE / GUIDE

e.g. A2 Vita Classical

STUMP SHADE

GINGIVAL SHADE (REMOVABLE)

SPECIAL CHARACTERIZATION NOTES

ENCLOSURES / SUBMISSION METHOD

- ☐ Digital Scan (.STL)
- ☐ PVS Impression
- ☐ Stone Model
- ☐ Bite Registration
- ☐ Opposing Model/Scan
- ☐ Photos Enclosed
- ☐ Existing Appliance
- ☐ Wax Rim

SPECIAL INSTRUCTIONS / NOTES

AUTHORIZATION

By submitting this case, I authorize Sunrise Dental Lab to fabricate the restoration(s) as specified above and agree to the lab's standard terms and conditions.

AUTHORIZED SIGNATURE

DATE