

BILL TO

Today's Date

Pan #

Case #

TOWN & COUNTRY
Dental Studios

275 South Main Street
Freeport, New York 11520
Phone 516-868-8641
Fax 516-868-1309
Toll Free 1-800-925-8696
www.tncdental.com

Patient's Name _____

DELIVER BY 5:00 PM

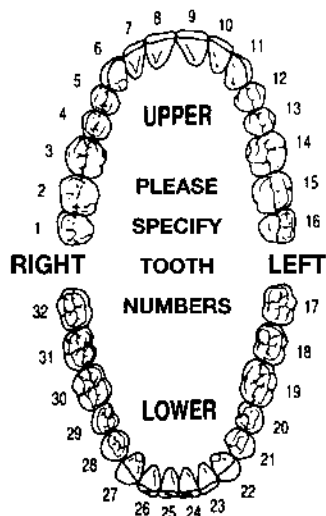
MALE FEMALE AGE _____

ON _____

Rx

- New Returning Rush*
 Implant Case Laminate Case
 CapellaSix™ Case

- Counter Bite



Remake: Return restoration(s), old impression and provide a detailed reason for remake _____

PORCELAIN FUSED TO METAL:

ALL CERAMIC:

- Phoenix™ (86 AU) High Noble Yellow
 Semi Precious High Noble White
 Non Precious Add CapellaSix™*

- Procera AllCeram® Ceratec Crown
 Procera AllZirkon® Ceratec Laminate™
 Cercon® Add CapellaSix™*
 Lava™ Zirconia

ALL METAL:

INDIRECT COMPOSITE:

- Yellow Gold Semi Precious
 White Gold Non Precious

- Cristobal® belleGlass-HP™
 Symphony™

PONTIC:

- Full Ridge Partial Ridge
 Point Contact No Contact

BUCCAL COLLAR:

- No metal to show
 Micro-collar
 Full collar

Porcelain Butt Margin Yes No

Removable Buttons Yes No

PARTIALS / DENTURE:

UPPER LOWER

- Conventional Vitallium™ All Valplast™ Immediate
 Valplast™ & Vitallium™ All Acrylic Flipper
 Saddle-Lock™ Cusil Flipper w/clasps

DENTURE TOOTH SELECTION

- Stock Special Order* Porcelain*
Shade _____ Type _____ Mold _____

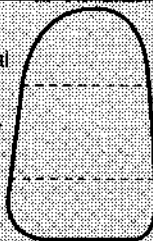
ALL INFORMATION IN SHADED AREAS IS REQUIRED.

INCOMPLETE INFORMATION MAY CAUSE PRODUCTION DELAY.

SHADE:

Gingival
Body
Incisal

STUDY MODELS ARE STRONGLY SUGGESTED



PROCEDURE(S):

- Single Casting(s) Finish Frame w/bite
 Sectioned Bridge Try In Setup
 Connected Bridge Bisc Bake Custom Tray
 Solder/Laser Adjustment Bite Rim

PLEASE SEND THE FOLLOWING

- Rx Forms Bubble Wrap
 Shipping Supplies Other _____

SPECIAL ENCLOSURES

- Post Shade Tab
 Photo(s) Other _____
 CD Floppy

CALL ME - I would like to speak with _____

Signature _____ Lic. # _____

A finance charge will be applied to ALL PAST DUE BALANCES.
Retain YELLOW copy for your records.

Thank You!

* These items incur an additional charge. Please call for details.

**YOUR TOWN & COUNTRY TEAM OF
LABORATORY PROFESSIONALS**

BARRY LAMPERT
Owner / President

DAVID LAMPERT
Vice President

STEVEN LAMPERT
Production Manager

JENNIFER ROMERO
Billing Manager

TERRY BRICKOUS
Reception

G. PATRICK
Technical Manager

JOHN ACKLEY
Technical Manager

JERRY L FOSTER
Director, Sales & Marketing

ERIC WELLS
Customer Relations

MARGARET GREENDA
Customer Relations

**WE'RE HERE TO HELP!
1-800-925-8696**

PREPARATION GUIDELINES

ALL-CERAMIC/COMPOSITE PREPARATIONS

BUCCAL }
LINGUAL } 1.0 - 1.5 mm
INTERPROXIMAL }
INCISAL 1.5 - 2.0 mm

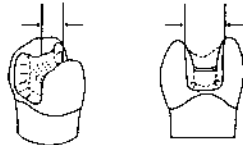


LABIAL }
LINGUAL } 1.0 - 1.5 mm
INTERPROXIMAL }
OCCLUSAL 1.5 - 2.0 mm



INLAY

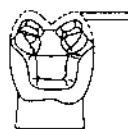
2.0 mm min. 2.0 mm min.



No Cavo-Surface Bevels

ONLAY

1.5 mm - 2.0 mm



1.0 mm Wall Thickness



Facial Section

1.5 mm - 2.0 mm



Proximal Section

F1000-0104

IN-LABORATORY WORKING TIMES

Porcelain Fused to Metal	6 days
Metal Try-in/Single or Bridge (1-3 units)	4 days
Metal Try-in/Single or Bridge (4+ units)	5 days
Apply Porcelain & Finish (1-3 units)	4 days
Apply Porcelain & Finish (4+ units)	5 days
All Metal Restorations	5 days
All Ceramic/Composite	6 days
Procera AllCeram®/AllZirkon®	10 days
Lava™/Cercon®	10 days
Phoenix™ (86 AU)	6 days
CapellaSix™	+1 day

DENTURE:

Partials	8 days
Set-ups	4 days
Bites/Trays	2 days
Finish	4 days
Valplast™/Cusil Finish	5 days

* The schedule above does not include shipping days, weekends or holidays *

RUSH CASE INFORMATION

All rush cases must be pre-scheduled before the case is shipped. Time of pick-up and delivery may affect turn-around time, and may incur extra charges.

To schedule your rush case, call 1-800-925-8696

**FOR LAB USE ONLY
TELEPHONE CALL RECORD**

DR. _____

PATIENT _____

ACCOUNT/PHONE _____

BY _____

RE _____

RESULT _____

DUE DATE IN OFFICE _____

DATE OF CALL _____

TIME _____
