

**STANLEY OKON DENTAL LABORATORY, INC.**  
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**BEGO**  
 Partners in Progress  
**3M ESPE**  
 Lava® Crowns and Bridges



**ALL CERAMIC**  
 LAVA™  
 LAVA - DV5  
 LAVA - ULTIMATE  
 LAVA - ESSENTIAL  
 EMAX - PRESSED  
 EMAX - MILLED  
 ETCHED PORC. CROWN  
 FELDSPATHIC  
 PORCELAIN VENEER  
 PORCELAIN INLAY-ONLAY

**PORCELAIN METAL CROWNS**  
 PORC. FUSED TO GOLD  
 PORC. FUSED TO NON-PRECIOUS  
 CAPTEK  
**RESIN: SINFONY**  
 VENEER  
 INLAY  
 ALL RESIN CROWN  
 ALL RESIN BRIDGE  
 RESIN BONDED TO METAL

**METALS FOR FULL CAST CROWNS**  
 70% Au Type  
 64% Au Other  
 WHITE Au  
 N-P  
**METALS FOR PORCELAIN CROWNS**  
 HN (High Noble)  
 N-P (Non-Precious)  
 BIO METALS  
 OTHER

**IMPLANTS**  
**ABUTMENT TYPE:**  
 TITANIUM  
 YELLOW GOLD  
 WHITE GOLD  
 PROCERA  
 COLORED ZIRCONIA (LAVA™)

**MANUFACTURER**  
 Astra  
 BIOMET 3i  
 ITI Straumann  
 Other  
 LiCore  
 Neoss  
 Nobel  
 Zimmer  
 Size

**CHAR**  
 DELICATE  
 MEDIUM  
 VIGOROUS  
 SHADE TAB ENCLOSED  
**CHIROMA**  
 LOW  
 MEDIUM  
 HIGH  
 DARK

**VALUE**  
 LOW  
 MEDIUM  
 HIGH  
**OCCUSAL STAINING**  
 NONE  
 LIGHT  
 MEDIUM

**NOTE:**  
 PLEASE SEND A STUDY MODEL  
 ON ALL WORK INVOLVING  
 ANTERIOR TEETH.

PLEASE INDICATE THE DISTRIBUTION  
 OF HUES AND THE TYPES OF  
 CHARACTERIZATIONS DESIRED.



FOR ESTHETIC CASES, PLEASE PROVIDE:  
 1) MAXIMIZED TOOTH PREP  
 2) MODELS OF PATIENT-APPROVED TEMPS  
 3) BEFORE MODELS  
 4) DESIRED LENGTH / WIDTH MEASUREMENTS  
 5) DESIRED END SHADE AND PREPARED SHADE  
 6) PHOTOS FOR CONSIDERATION

HOT CASE: INFECTIOUS PATIENT  
 HAS BEEN TREATED FOR INFECTIOUS DISEASE

LICENSE NO. X

DOCTOR \_\_\_\_\_  
 PATIENT \_\_\_\_\_  
 DATE PREPARED \_\_\_\_\_  
 DATE DUE \_\_\_\_\_

PATIENT CHAIR DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 APPROXIMATE AGE \_\_\_\_\_  MALE  FEMALE

**TRY-INS**  
 METAL TRY-IN  BISQUE TRY-IN  FINISH

**PT. DESIRES-TOOTH SHADE**  
 HARMONIZE WITH NATURAL TEETH  
 ARTIFICIALLY LIGHTER DEGREE  
 CHARACTERIZED AS PER Rx  
 CHARACTERIZED ACCORDING TO AGE (SHADE & TEXTURE)

**SURFACE TEXTURE-LUSTER**

**INSTRUCTIONS:**  
 Stump Shade \_\_\_\_\_  
 Desired Restoration Shade \_\_\_\_\_

**FOR IMPLANT STANDARD ABUTMENTS:**  
 Position of flat side on standard implant abutment(s) in mouth: \_\_\_\_\_

SEE OTHER SIDE FOR FURTHER INSTRUCTIONS  
 CALL DOCTOR REGARDING CASE

SIGNATURE X

**REQUEST TO RECEIVE:**  
 LAB SLIPS  
 SHIPPING CONTAINERS  
 SEMINAR DATES  
 LITERATURE

**POSTERIORIS**

NO COLLAR  
 MINI COLLAR  
 METAL MARGIN  
 REG  
 METAL OCC.  
 METAL OCC.  
 FULL METAL OCC.  
 FULL METAL OCC.

**ANTERIOR LINGUALS**  
 NO COLLAR  
 REG. COLLAR  
 METAL LING.  
**LABIAL OR BUCCAL MARGIN**  
 360° METAL MARGIN  
 HAIRLINE OR \_\_\_\_\_mm ON FACIAL  
 METAL-PORCELAIN JUNCTION MARGIN  
 PORCELAIN BUTT MARGIN

**PONTIC**  
     
     
**GINGIVAL EMBRASURES**  
 CLOSED  OPEN

**RISE RELIEF**  
 NONE  
 MEDIUM  
 HEAVY (Recent Extraction)  
 IMMEDIATE BRIDGE  
 SOCKETS .5 or \_\_\_\_\_mm  
**OCCUSAL TABLE BUCCAL-LINGUAL WIDTH**  
 NORMAL - Natural  
 NARROW - 3/4 Width  
 .1 - 1.5 mm or \_\_\_\_\_mm

**CONTACTS**  
 LIGHT  
 MEDIUM  
 HEAVYSCRAPE CAST  
**OCCUSION**  
 LIGHT - .5 mm sub.  
 MEDIUM - 2 mm sub.  
 HEAVY - Touching Opposing

**ENCLOSED WITH CASE**  
 \_\_\_\_\_ IMP  
 \_\_\_\_\_ BITE  
 \_\_\_\_\_ MODELS  
 \_\_\_\_\_ DIES  
 \_\_\_\_\_ RETURNED CROWNS  
 \_\_\_\_\_ IMPLANT PARTS  
 \_\_\_\_\_ OTHER  
 PARTS SUPPLIED BY DOCTOR

**LAB USE**  
 \_\_\_\_\_ WAX  
 \_\_\_\_\_ FINISH  
 \_\_\_\_\_ PORCELAIN

TERMS: NET 30 WITH CREDIT CARD AUTHORIZATION ON FILE, OTHERWISE COD UNTIL CREDIT ESTABLISHED.  
 NET 30 DAYS. 2% SERVICE CHARGE OVER 30 DAYS. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER.  
 WE RESERVE THE RIGHT TO CHARGE ANY CREDIT CARD ON FILE FOR ALL DELINQUENT INVOICE(S) INCLUDING ANY AND ALL INCURRED FEES.