

INSTRUCTIONS TO SEND A CASE IMMEDIATELY!

- 1. Print the enclosed RX and appropriate shipping label.**
 - Fill out the RX completely & legibly
 - Shipping & turnaround time related questions contact Jim Belouin at 800.367.3322
 - Want to send **UPS**? (We recommend it!)
 - Faxed UPS shipping label. Contact your help desk: 800.367.3322 ext. 111
 - Want to send US Post office?
 - Simply use enclosed label
- 2. Pack the case well and place in “sturdy” shipping box.**
 - If you require a shipping box or shipping supplies calling at 800.367.3322 ext. 111
- 3. Case specific / Pricing or Technical questions prior to sending your case???**
 - Contact our help desk advisor at: 800.367.3322 ext. 111.
- 4. Not in a RUSH?**
 - You may request further information and shipping supplies by emailing us at Info@BiogenicDental.com or contacting our help desk at 800.367.3322 ext. 111

Thank you for trusting Biogenic Dental!

Your Doctor care team coordinator

Date In Lab: ___/___/___ Today's Date: ___/___/___

DOCTOR: _____

Address: _____

Zip: _____

Phone: (____) _____

Patient's Name: _____

DATE DUE IN OFFICE: _____

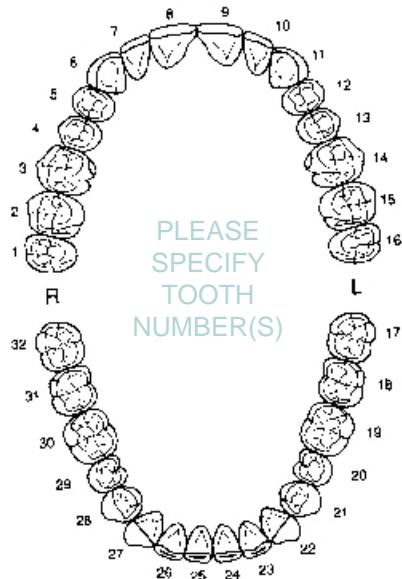
Male Female Age: _____

DO NOT SCHEDULE PT. FOR SAME DAY

New Returning Rush*

Counter Bite

Remake: Please return restoration(s), old impression and provide a detailed reason for remake.



DETAILED PHOTOS AND STUDY MODELS ENCOURAGED. ALL INFORMATION IN SHADED AREAS IS REQUIRED. INCOMPLETE INFORMATION MAY CAUSE DELAY.

SHADE: _____

MOULD: _____

PROCEDURE(S):

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



282-284 Genesee Street
Utica, NY 13502
Toll Free: 1.800.367.3322
Fax: 315.797.6165
info@BiogenicDental.com

CROWN AND BRIDGE

PFM: 100 NP 1000 WHITE NOBLE 2000 YELLOWJACKET
 900 SP 1500 WHITE HI-NOBLE CAPTEK

FULL CAST: YELLOW TYPE III 1000 WHITE NOBLE 2000 YELLOWJACKET
 900 SP 1500 WHITE HI-NOBLE 100 NP

ALL CERAMIC: EMPRESS FULL CROWN EMPRESS LAMINATE INVIZION
 EMAX ZIRCAD (ZIRCONIA) EMAX CAD (ERIS)
 EMAX PRESS (ERIS) EMAX ZIRPRESS (OVER ZIRCONIA)

MISC: TEMP. CROWN POLY-GLASS CROWN MARYLAND BRIDGE
 LASER CONNECTION

COLLAR: NONE LINGUAL ONLY 360 STANDARD

METAL DESIGN: METAL OCCLUSAL METAL COLLAR NO METAL TO SHOW

PORCELAIN BUTT MARGIN: YES NO

REMOVABLE BUTTONS: YES NO



PARTIALS / DENTURES

PARTIAL DENTURES:	<input type="checkbox"/> UPPER	<input type="checkbox"/> LOWER
<input type="checkbox"/> VITALLIUM FRAME ONLY	<input type="checkbox"/> VITALLIUM COMPLETE	<input type="checkbox"/> VITALLIUM COMPLETE
<input type="checkbox"/> BIO 500 FRAME ONLY	<input type="checkbox"/> BIO 500 COMPLETE	<input type="checkbox"/> BIO 500 COMPLETE
<input type="checkbox"/> GENERIC FRAME	<input type="checkbox"/> GENERIC COMPLETE	<input type="checkbox"/> GENERIC COMPLETE
<input type="checkbox"/> LASER FRAME	<input type="checkbox"/> COMFORT FLEX	<input type="checkbox"/> COMFORT FLEX

ACRYLIC: WROUGHT WIRE FLIPPERS / STAYPLATE

DENTURES: UPPER LOWER LIGHT CURED
 TRAY BITE BLOCK SHELLAC

PROCESS: HI-IMPACT / LUCITONE 199 BIOGENIC 400 GENERIC
 ETHNIC LIGHT ETHNIC MEDIUM ETHNIC DARK

ADDITIONAL : ATHLETIC MOUTHGUARD TRANSFER (JUMP)
 SOFT RELINE HARD NIGHTGUARD HARD/SOFT NIGHTGUARD
 RELINE AVOID EMBARRASSMENT DENTURE

TOOTH SELECTION:	<input type="checkbox"/> IVOCLAR BLUELINE	<input type="checkbox"/> IVOCLAR	<input type="checkbox"/> TRUBLEND
<input type="checkbox"/> BIOBLEND	<input type="checkbox"/> PORTRAIT	<input type="checkbox"/> BIOFORM	<input type="checkbox"/> KENSON
<input type="checkbox"/> BIOGENIC	<input type="checkbox"/> GENERIC	<input type="checkbox"/> ACRYLIC	<input type="checkbox"/> PORCELAIN

PLEASE SEND THE FOLLOWING:	SPECIAL ENCLOSURES:
<input type="checkbox"/> RX FORMS <input type="checkbox"/> SHIPPING SUPPLIES	<input type="checkbox"/> POST <input type="checkbox"/> SHADE TAB <input type="checkbox"/> PHOTOS <input type="checkbox"/> TRAY
OTHER: _____	<input type="checkbox"/> ARTICULATOR OTHER: _____

CALL ME! I WOULD LIKE TO SPEAK WITH: _____

SIG. _____ LIC# _____

A finance charge will be applied to ALL PAST DUE BALANCES. Retain YELLOW copy for your records.
*These items incur an additional charge. 3-20-2008

IN-LAB WORKING TIMES

This schedule does not include shipping days, weekends or holidays. Working days are not guaranteed and patients should be scheduled with that in mind. Rush services available but must be scheduled in advance and are not available on all restorations. An additional fee will apply for rush shipping.

DENTURES

Model pour & trim 1 day
Relines (rebase) 1-2 days
Repairs 1-2 days
Impression tray 2 days
Occlusal rims 2 days
Set-up try-in 3 days
Process and finish 3 days
Transfer (jump) 3 days
Mouth or Night guard 2 days
Spare denture 3 days
Implants Call for quote

PARTIALS

Basic framework 5 days
Partial to completion 8 days

CROWN & BRIDGE

Porcelain fused/pressed to metal 7 days
Full cast metal crown 4 days
All ceramic crown & bridge 7 days
Reinforced polyglass 4 days
Maryland bridge 6 days
Multiple pontics and retainers 6 days
Implants Call for quote

FOR LAB USE ONLY

DR: _____

PATIENT: _____

ACCOUNT: _____

PHONE: _____

RE:

CALLED:

RESULT:

DATES CALLED:

TIME:

THE BIOGENIC TEAM OF TECHNICAL PROFESSIONALS

PAUL GIOVANNONE
President / CEO

PAUL C. INTINO
Director of Marketing

DAVID SANTOPIETRO
VP of Laboratory Technology

PEPPER BELOUIN
Customer Relations

DEBRA GUTOWSKI
Director of Fixed Restorative

JIM HERUBIN
Director of Removable

We can be reached at 1.800.367.3322 or info@BiogenicDental.com (checked daily)

****DUE DATE IN OFFICE**:** _____

FROM:



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

**BUSINESS REPLY LABEL
FIRST CLASS PERMIT NO. 835 UTICA, NEW YORK**

POSTAGE WILL BE PAID BY ADDRESSEE

TO:

**BIOGENIC DENTAL LABORATORIES
282-284 GENESEE STREET
P.O. BOX 4119
UTICA NY 13504-4119**

