

IMC

Issaquah Milling Center

24/7 FAST!

“Discover the Difference”

IMC USE ONLY	
Case Number	_____
Date Received	_____

Date: _____ Case ID: _____

Laboratory Name: _____ Account #: _____ City: _____

Patient Name: _____

Doctor's Zip Code: _____ (3M Required)

Provide The Final Body Shade: _____ **OR** CIRCLE ONE Of The Following 8 Shades From Your IMC Shade Guide. (Please Only Do One Or The Other, Not Both).
 Thank You

Tooth/Bridge No.(s)

- Single Bridge _____ Shade: NS FS1 FS2 FS3 FS4 FS5 FS6 FS7
- Single Bridge _____ Shade: NS FS1 FS2 FS3 FS4 FS5 FS6 FS7
- Single Bridge _____ Shade: NS FS1 FS2 FS3 FS4 FS5 FS6 FS7
- Single Bridge _____ Shade: NS FS1 FS2 FS3 FS4 FS5 FS6 FS7

Lab Contact Person: _____ **Phone:** () _____

SCANNING PARAMETERS (* = Recommended)

Coping Thickness: Tooth # _____ Tooth # _____ Tooth # _____

Anterior: (0.4 to 2.00mm) (*0.5) _____

Posterior: (0.5 to 2.00mm) (*0.5) _____

Please Remember To:

- Trim Die With Subtle Curve Under Margin (One Clear Line Please)
- Block Out Under Cuts And Defects In Prep
- Support Porcelain By Building Up Die OR Ask Us To Use The Wax Knife Software When Needed (Must Have All Model work To Do “Wax Knife”)

Please DO NOT:

- Mark Margins
- Seal Die Or Paint Die
- Mount Models

Pontic Design Instructions: Additional Comments:	Finish Margins: (Please Select One)	100 %
		95 %
		Not At All

Please send this form with removable pinned and separated working model, opposing, and bite registration (bridge case only) to: Issaquah Milling Center, 640 NW Gilman Blvd., Issaquah, WA. 98027.
 Any questions, please call us at 425-392-5346 or 1-866-456-Lava (5282).