



VALLEY DENTAL  
TECHNOLOGIES

Lava™ RX

Date Sent: \_\_\_/\_\_\_/\_\_\_

Date Due: \_\_\_/\_\_\_/\_\_\_

Date In: \_\_\_/\_\_\_/\_\_\_  
(FOR OFFICE USE ONLY)

Lab Name: \_\_\_\_\_

Lab Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Tooth No.(s) Bridges: \_\_\_\_\_ Shade: \_\_\_\_\_

Tooth No.(s) Singles: \_\_\_\_\_ Shade: \_\_\_\_\_

Implant Abutment No.(s): \_\_\_\_\_ Shade: \_\_\_\_\_

SCANNING PARAMETERS

CORE

VDT Standard Settings (mm)

Custom Settings (mm)

Coping Thickness:  0.50  (0.30 to 2.00): \_\_\_\_\_

CEMENT GAP

Cement Gap Thickness:  0.02  (0.00 to 0.15): \_\_\_\_\_

PONTIC DESIGN/POSTION

SEND COMPATIBLE CERAMIC

- Ideal
- End to End
- Follow Matrix Sent
- Follow Wax-up Sent

- Creation, ZI  Dentin
- Noritake, CZR  Enamel
- Vita VM9 Amount \_\_\_\_\_ gm
- Lava™ Ceram (2gm Minimum)

ADDITIONAL INSTRUCTIONS / INFORMATION

Please send:  RX Pad  LAVA™ Prep Guide  VDT Shade Conversion Guide

Call Me - I would like to speak with:  Tom  Ole  Rick

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