

Today's Date ____ / ____ / ____

Doctor _____

Patient's Full Name _____

Return by 5pm on _____ Age ____ Male Female

SHADE

DENTURES & PARTIALS

Full Denture

CAST PARTIAL

Vitallium 2000 Plus Nobil Star

Nesbit (up to 3 teeth)

Combo (Cast-Flex/Valp)

ACRYLIC PARTIAL

Acrylic (2 Wire Arms Incl)

Flipper (No Clasps, up to 4 teeth)

Cusil

METAL FREE PARTIAL

Flexite

Valplast

Nesbit (up to 3 teeth)

Upper Set-Up Custom Tray

Lower Finish Bite Block

Frame Only Meharry

CROWN & BRIDGE

Non Precious

Semi Precious (Noble)

White High Noble

Yellow High Noble

Captek

Maryland Bridge N.P.

ALL CERAMIC

Emax (Please specify stump shade and final shade)

Zirconia (Full Porcelain Coverage)

Aimzir Solid Zirconia

Aimzir & Facial Cut Back for Porcelain

Sculpture FibreKor

Temporary

PFM Full Cast Cast Post

Laminate/Veneer Inlay/Onlay

Gold Enhancement

Try In Bisque Bake Finish

Singles Bridge

SPECIAL INSTRUCTIONS

Continue instructions on back if necessary

Dr. Account # _____ License # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Call me before proceeding with case

IMPLANTS

Screw Retained Crown

Cement on Crown

Prep Abutment

Cast Custom Abutment

Titanium Custom Abutment

Zirconia Custom Abutment

Please specify crown above

Soft Tissue Model

Surgical Stent

NIGHT / SPORTS GUARDS

Hard

Soft

Hard/Soft

Sports Guard

Snore Guard

ADDITIONAL ITEMS

Premium Acrylic Teeth

Porcelain Teeth

Lucitone 199

Ball Clasp

Flexi/Valp. Clasp

Thermoflex Clasp

Patient Name in Acrylic

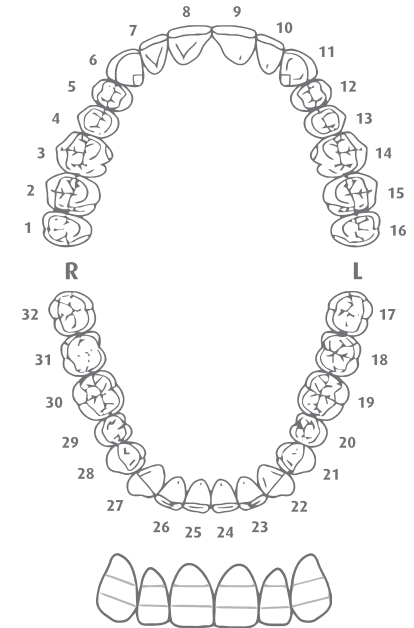
PLEASE SEND

Rx Forms

Bags

Boxes

U.P.S. Labels



OCCUSAL STAINING

Non (Standard) Light

Medium Dark

ANTERIOR DESIGN

3/4 Metal Lingual 1/4 Metal Lingual No Metal Lingual

PONTIC DESIGN

Standard

BUCCAL MARGIN DESIGN

Metal Hairline or ____ mm on Buccal

Metal Porcelain Junction Margin (Standard)

Porcelain Butt Margin (90° Shoulder Required)

DR. SIGNATURE _____

