

DOCTOR'S NAME _____ ACCOUNT# _____
ADDRESS _____ DATE _____
PATIENT NAME _____ DELIVERY DATE _____

R_x Tooth Shade _____ Tooth Number(s) _____



Signature _____ License # _____

Enclosed with Case: Impressions Models Bite Photos Other _____

REMOVABLE

ACRYLIC SHADE

- Pink 50/50 Meharry

DENTURES

- Full Denture
 Partial Denture
 Try-In Finish

PARTIALS

- Flipper (No Clasps)
 Acrylic Partial
 Cast Metal Partial
 Flex-Fit Partial
 Flex-Fit / Metal
 Framework Try-In
 Framework w/ Rims
 Framework w/ Set-Up
 Finish

OCCUSAL GUARDS

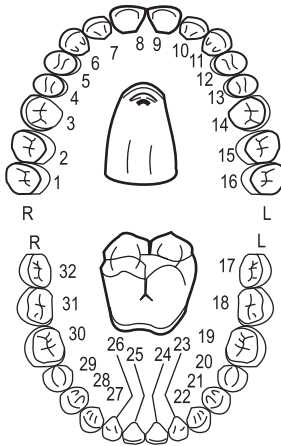
- Hard Soft Hard/Soft

OTHER

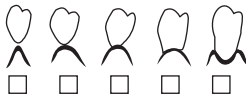
- Custom Tray Occlusal Rim
 Reline Repair

SUPPLIES

- RX Pads Labels
 Bags Boxes



PONTIC DESIGN



METAL DESIGN



OCCUSAL STAINING

- Light Medium Dark

FIXED

CERAMICS / ZIRCONIA

- Zirconia Full Contour-HT
 Zirconia Layered
 E.max Pressable
 E.max Layered
 E.max Veneers
 E.max Onlay

PORCELAIN FUSED TO METAL

- Non Precious
 Noble
 High Noble

FULL CAST

- Non Precious Noble
 High Noble
 White Yellow

IMPLANTS

- Custom Abutment
 Stock Abutment
 Titanium Zirconia
 Other _____

OTHER

- Natures Image Crown
 PMMA/Temp Crown
 Diagnostic Wax-Up
 Stent
 Post & Core
 Positioning Jig (Implant)

IF NO CLEARANCE PLEASE

- Reduce Opposing
 Send Reduction Coping
 Call