

Dr Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

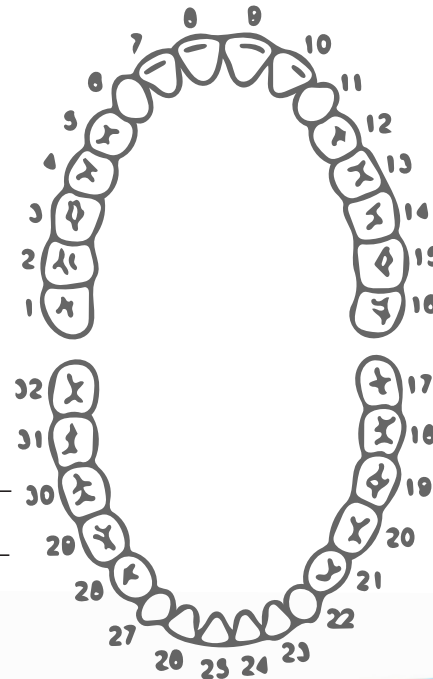
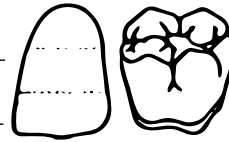
Return Date: _____

PATIENT: _____

SPECIAL INSTRUCTIONS

Shade: _____

Stump: _____



SIGNATURE: _____

LICENSE # : _____



FIXED RESTORATIONS

METAL FREE

- Full Contour Zirconia FCZ
- Full Contour Zirconia Anterior
- Layered Zirconia
- e.max
- e.max Layered

PORCELAIN TO METAL

- Base
- Noble
- High Noble

OTHER

- Diagnostic Wax-up
- Temporary

IMPLANTS

IMPLANT CROWN

- Cement Retained
- Screw Retained

MATERIAL

- Zirconia
- Titanium
- Co-Cr

ABUTMENT

- Custom Titanium
- Custom Zirconia
- Dr. Provided

IMPLANT SYSTEM

- Nobel Biocare
- Straumann
- Biomet 31
- Zimmer
- Dentsply
- Other

REMOVABLE RESTORATIONS

DENTURE / PARTIAL

- Acrylic Partial / Denture
- Flexible Partial
- Flipper 1 to 2 Teeth
- Custom Tray
- Bleaching Tray
- Night Guard Hard
- Night Gard Hard / Soft
- Base Plate and Occlusal Rim
- Metal Partial Framework
- Set-up
- Process/Finish

ADDITIONS

- Bite Block
- Immediate
- Classic teeth
- Bioform Teeth
- Clasp
- Mesh
- Other

REPAIRS

- Basic repair
- Complex Repair
- Weld
- Reline
- Rebase
- Add tooth
- Other