

Patient Name: _____

Please call before proceeding with case

Date of RX: _____ Due Date: _____

(please note that our standard turnaround time is 10 days from the date we receive the case.)

FIXED RESTORATIONS

Porcelain to Metal

- Design**
- Buccal Metal Margin (____mm)
 - Porcelain Butt Margin*
 - No Metal Showing
 - Design for future partial*
 - Metal Occlusal*
 - Fit to existing partial*
- Rest seat ____ dis ____ mes

- Non-precious
- Semi-precious
- High Noble __40% __52%* __75%* __86%*
- Captek

Full Metal Crowns

- Non-precious
- Semi-precious __2% yellow gold __20%* white gold
- High Noble __52% __75%*

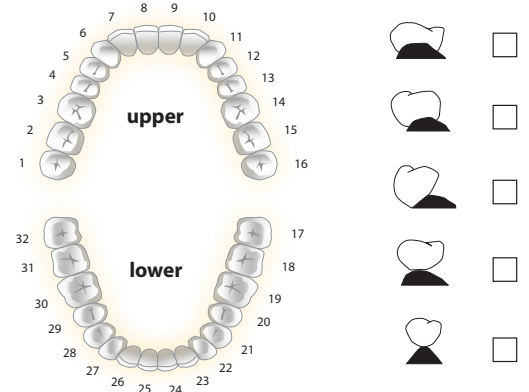
All Porcelain

- E.max® Crown
- E.max® Veneer
- E.max® Inlay/onlay
- Empress Esthetic
- Zeno
- BruxZ
- Composite
- Lava
- ZCrown
- Procera

Miscellaneous – Crown and Bridge

- Night Guard __upper __lower
 - Hard Soft Combo
- Provisional temps
 - Standard Wire Reinforced
- Bleach Tray __upper __lower
- Diagnostic Wax Up Teeth number _____

Permanent Teeth Diagram Pontic Design



Teeth Shade: Tissue Shade:

- Gingival _____
- Body _____
- Incisal _____
- Stump Shade _____
- Clear
- Light pink
- Pink
- Md Meharry
- Dk Meharry

Implants & Attachments

- Implants**
- Manufacturer _____
- Brand _____
- Diameter _____
- Atlantis® abutments
 - Standard Abutment
 - Titanium
 - Gold Shade
 - Zirconia
 - Parts Provided? Yes No
- Attachments**
- Hader Bar
 - Locator
 - ERA
 - Bredent

REMOVABLE RESTORATIONS

Partial Dentures

- Design**
- Standard Unilateral Nesbit Upper Lower Immediate

<input type="checkbox"/> Please use Premium Teeth*	Frame	Bblock	TryIn	Finish
<input type="checkbox"/> Conventional w/chrome cobalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Conventional w/vitallium 2000+*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bayflex Hybrid w/chrome cobalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bayflex Hybrid w/vitallium 2000+*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bayflex Basic Flexible Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment Partials

- Flipper (1 tooth)
- Stay Plate (2-5 teeth)
- Acrylic Partial (6+ teeth)

Dentures

- Upper Lower Immediate
 - Please use Premium Teeth*
 - Please use Lucitone Acrylic*
- Custom Tray

Miscellaneous – Removables

- Reline Add Teeth Name on Denture
- Bayflex clasps (tissue colored) Repair

Dr. Signature: _____

Client agrees to all terms & conditions specified on reverse of form

License #: _____

COMMENTS
