

Doctor Name: _____ Phone Number: _____

Email: _____

Patient Name: _____ Patient Age: _____ Gender: M F

Deliver case before appointment.

Date: _____ by 5 P.M.

Deliver case based on lab capacity.

(Patient will be appointed after receiving case)

Fixed

- Zirconia
 - Full-Contour
 - Layered
- IPS e.max®
 - Full-Contour
 - Layered
- Full Cast
- PMMA Provisional
- PFM

Removables

- Premium Denture
- Economy Denture
- Valplast® Flexible Partial
- Valplast® Cast Combo Partial
- Economy Acrylic Partial
 - Acrylic Clasps
 - Wire Clasps
- Cast Partial

Hybrids/Implants

- Zirconia Hybrid Implant
- Stock Abutment
- Custom Titanium Abutment
- Custom Zirconia Abutment
- Screw-Retained PFM
- Screw-Retained Zirconia

Preferences

PFM/Full Cast:

- Non-Precious
- White High Nobel
- Yellow High Nobel
- Non-Precious
- White Gold

Shade Instructions: _____

Dentures & Partials:

- Upper Lower
- Custom Tray
- Occlusal Rims
- Try-In
- Finish

Pontic Design:

-  No Contact
-  Point Contact
-  No Ridge
-  Partial Ridge
-  Full Ridge

Occlusal Staining:

- None
- Light
- Medium
- Dark

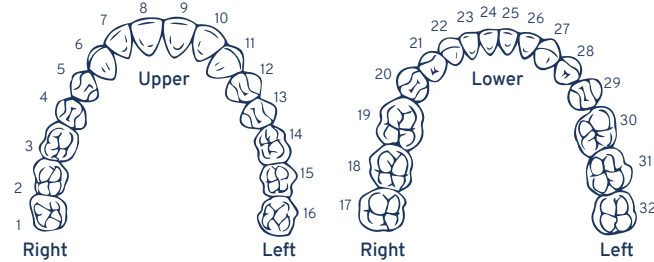
Need Supplies?

- Boxes
- Bio Bags
- Other _____
- UPS Shipping Labels
- RX Forms

Signature: _____

License #: _____ Date: _____

Design



Instructions