



Please print.

Mon Tue Wed Thu Fri

Rx Date _____ Due date _____ am _____ pm _____

Doctor _____ Phone _____

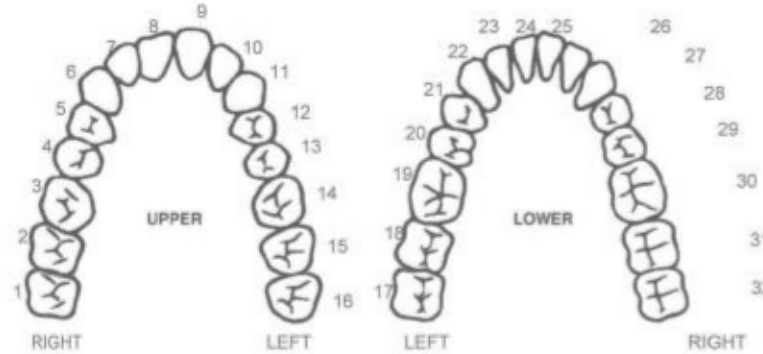
Doctor's Address _____

Patient Name _____ M/F _____ Age _____

CASE INSTRUCTIONS

FIXED RX

DESIGN YOUR CASE HERE



PORCELAIN FUSED TO METAL

- High Nobel Yellow Gold
- High Noble White Gold
- Noble (Semi Precious)
- Base Metal (Non-Precious)

METAL-FREE

- e.Max
- e.Max Veneer
- Elite Zirconia (Layered)
- Full Z (Contoured)

FULL-CAST CROWN- INLAY- ONLAY

- Type II Yellow High Noble (Inlay)
- Type III Yellow High Noble (Inlay)
- Type IV Yellow or White; High Noble or Noble
- Base Metal (Non Precious)

MARGINS

Lingual (Please Circle)

- Show No Metal, Metal Collar (Thick or Thin), Porc. Butt (Shoulder), 180 or 360

Facial (Please Circle)

- Show No Metal, Metal Collar (Thick or Thin), Porc. Butt (Shoulder), 180 or 360

HAVE QUESTIONS? NEED FORMS?

Please check below.

- Call me Please send Rx pads
- Please send boxes Please evaluate my work

Payment is due in full 10 days from the date of the statement. A 1.5% charge per month will be charged on past-due accounts. Accounts past due will be delivered COD with past-due balance added. Accounts requiring legal and/or collection services will be subject to all costs incurred, including all reasonable costs.

REMOVABLE RX

COMPLETE DENTURES

- Standard Denture
- Success Injection Denture

PARTIALS

Cast (Complete)

- Classic Cast Partial Premium Cast Partial
- Framework Only

Acrylic (Complete)

- Classic Partial Premium Partial

Flexible (Complete)

- Classic Flexi Premium Flexi

TEETH TYPE

- Classic Premium
- Shade Ant. _____ Post. _____
- Mold Ant. _____ Post. _____

ADDITIONAL PRODUCTS

- Baseplate with Bite Rim Light Cured Custom Tray

Nightguards

- Hard Soft

Repairs

- Acrylic Fracture Additional Tooth
- Reline Rebase
- Laser Weld Add Clasp
- Metal Mesh Lingual Bar

OCCLUSAL STAIN

- none light medium dark

IF NO OCCLUSAL CLEARANCE

- call doctor
- adjust opposing tooth
- metal occlusion

PONTIC DESIGN

- full ridge partial ridge no ridge sanitary bullet

SHADE



1. _____ 2. _____
Desired shade _____

For Lab Use

Date _____

Enclosed with case

- Impression Model Photos Other

Doctor's signature _____

License _____

Date _____