

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Patient: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Due Date: \_\_\_\_\_ ☐ Rush \$40/unit

## FIXED RESTORATIONS

### Ceramic Restorations:

- ☐ Emax Crown  
☐ Multilayer Zirconia  
☐ Bruxite-Full Zirconia  
☐ Porcelain Fused to Zirconia

Tooth #: \_\_\_\_\_

### Porcelain Fused to Metal:

- ☐ Non-Precious  
☐ Noble  
☐ High Noble\*  
☐ High Noble Yellow\*  
☐ Premium Porcelain

Tooth #: \_\_\_\_\_

### Full Cast Restorations:

- ☐ Non-Precious  
☐ White Noble\*  
☐ White High Noble\*  
☐ Yellow Noble 40%\*  
☐ Yellow High Noble Gold 60%\*  
☐ Yellow High Noble Gold 77%\*

Tooth #: \_\_\_\_\_

### Other:

- ☐ Smile Temps  
☐ Diagnostic Waxup  
☐ Special Request

Tooth #: \_\_\_\_\_

\*Metal charges may apply

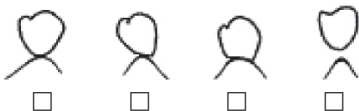
## OCCUSION

- ☐ Out ☐ Light ☐ Heavy

## IF NO OCCLUSAL CLEARANCE

- ☐ Metal Occlusion ☐ Trim Opposing  
☐ Reduction Coping ☐ Call Doctor

## PONTIC DESIGN



## IMPLANTS

Implant Type: \_\_\_\_\_

Size: \_\_\_\_\_

### Design:

- ☐ Cementable ☐ Screw Retained

### Custom Bases:

- ☐ Titanium ☐ Gold-Hue

### Custom Abutments:

- ☐ Titanium ☐ Gold-Hue ☐ Zirconia

### Angulated Screw Access Abutments:

- ☐ Titanium ☐ Gold-Hue

### Encode:

- ☐ Titanium ☐ Gold-Hue

## REMOVABLE RESTORATIONS

- ☐ Upper ☐ Lower

### Full Denture

- ☐ Economy Denture  
☐ Premium Denture  
☐ Ivocap Premium

### Flexible Partial

- ☐ Snow Rock  
☐ Valplast\*

### Step

- ☐ Custom Tray  
☐ Baseplate/Bite Block  
☐ Set-up for Try-in  
☐ Process & Finish  
☐ One Step Complete

### Acrylic Shade

- ☐ Light ☐ Light Meharry  
☐ Medium ☐ Meharry  
☐ Dark ☐ Clear

Extractions: \_\_\_\_\_

Extract at this time? ☐ Yes ☐ No

## SLEEP APPLIANCES

- ☐ NTI ☐ Dorsal Fin ☐ EMA

Notes: \_\_\_\_\_

## MOUTHGUARDS/BITE SPLINTS

- ☐ Upper ☐ Lower

- ☐ Hard Nightguard ☐ Impak Hard/Soft  
☐ Soft Nightguard ☐ Athletic Mouthguard

## ORTHODONTIC

### Retainers

- ☐ Hawley  
☐ Clear Essix

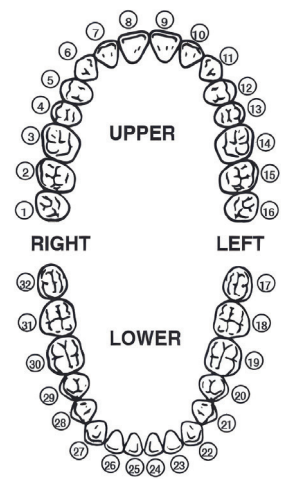
### Space Maintainers

- ☐ Lower Lingual Arch  
☐ Essix Retainer  
☐ Band & Loop (U/L)  
☐ Nance

## Rx SPECIFIC INSTRUCTIONS

Tooth Shade: \_\_\_\_\_

Notes: \_\_\_\_\_



Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License: \_\_\_\_\_