

Patient Name: _____

Male Female Age _____

Doctor: _____

Address: _____

CITY, STATE, ZIP: _____

Phone: _____

Email: _____

FIXED RESTORATIONS 4 IN-LAB DAYS

FULL ZIRCONIA
 Premium
 Standard
 TOOTH# _____

ALL CERAMIC
 e.max®Pres
 E.max®CAD MT
 TOOTH# _____

PORCELAIN-FUSED-SYNA ESTHETICS MULTI-LAYER ZIR

Premium
 Syna Zir
 Porcelain Facial Only
 TOOTH# _____

PORCELAIN-FUSED-TO-METAL

Porcelain to Non Precious
 Porcelain to Noble
 Porcelain to High Noble*
 Porcelain to Yellow Gold*-Premium Price
 Metal Occlusion
 Porcelain Butt Margin
 TOOTH# _____

FULL CAST RESTORATIONS

Non-Precious Non-Precious Yellow
 White Noble* Yellow Gold 50%*
 White High Noble* Yellow Gold 60%*
 TOOTH# _____

*Metal charges may apply

IMPLANTS 5 IN-LAB DAYS

IMPLANT BRAND: _____
 SIZE: _____

RESTORATION TYPE:
 Cement Retained Screw Retained

CUSTOM ABUTMENT MATERIAL:
 Titanium Gold-Hue

CROWN MATERIAL:
 Zirconia EMAX
 Full Zirconia PFM
 Zirconia/Porcelain

REMOVABLE RESTORATIONS 5 IN-LAB DAYS

<input type="checkbox"/> UPPER	<input type="checkbox"/> LOWER
DENTURE	PARTIALS
<input type="checkbox"/> Standard Full (3 LAYER TEETH)	<input type="checkbox"/> Cast Metal
<input type="checkbox"/> Premium Full (5 LAYER TEETH)	<input type="checkbox"/> w/VALPLAST CLASPS
	<input type="checkbox"/> Vitalium®-PREMIUM
	<input type="checkbox"/> w/VALPLAST CLASPS
	<input type="checkbox"/> Acrylic w/Wire Clasps
STAGE	<input type="checkbox"/> Valplast®
<input type="checkbox"/> Framework Try-In	<input type="checkbox"/> Duracetal
<input type="checkbox"/> w/WAX RIM	<input type="checkbox"/> Cu-Sil
<input type="checkbox"/> Wax Rim	
<input type="checkbox"/> Set-Up for Try-In	
<input type="checkbox"/> Process & Finis	
<input type="checkbox"/> One Stage-Complete	

ACRYLIC SHADE
 Light Light Meharry
 Medium Meharry
 Dark Clear

MOUTHGUARD/BITE SPLINT 4 IN-LAB DAYS

OPTIONS
 UPPER **LOWER**
 Soft
 Hard/Soft Combo
 Hard Acrylic
 Thermoplastic (ADJUSTABLE IN HOT WATER)

ORTHODONTIC 5 IN-LAB DAYS

RETAINERS
 Hawley Clear Essix
SPACE MAINTAINERS
 Lower Lingual Arch Band & Loop (U/L)
 Essix Retainer Nance

SLEEP APPLIANCES 4 IN-LAB DAYS

NTI Dorsal Fin E MA

NOTES _____

Preference

OCCCLUSION
 Out Light Heavy

IF NO OCCLUSAL CLEARANCE
 Metal Occlusion Trim Opposing
 Reduction Coping Call Doctor



Rx SPECIFIC INSTRUCTIONS

TOOTH SHADE: _____

