

Doctor's Name _____ Date _____
 Patient's Name _____ Age _____ Sex M F Deliver by 5 p.m. on _____

Study models required on anterior cases. • Has this case been disinfected? Yes No

Crown and Bridge

Full Crowns

Margin

- Semi Precious *White Noble*
- Gold Crown *Noble*
- Gold Crown *High Noble*

PVC Metal Alloy

- Non Precious
- White Precious *Noble*
- White Precious *High Noble*
- Yellow Precious *High Noble*

Speciality

- IPS Impress
- Procera-Zirconia
- e.max
- Bruxzir - 100% Zirc.

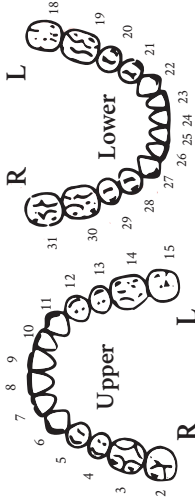
Occlusion

- Porcelain Occlusion
- Metal Occlusion

Shade _____

Stump _____

PLEASE INDICATE TEETH TO BE RESTORED



Instructions: _____

Doctor's Name _____ Date _____
 Patient's Name _____ Age _____ Sex M F Deliver by 5 p.m. on _____

Study models required on anterior cases. • Has this case been disinfected? Yes No

Crown and Bridge

Full Crowns

Margin

- Semi Precious *White Noble*
- Gold Crown *Noble*
- Gold Crown *High Noble*

PVC Metal Alloy

- Non Precious
- White Precious *Noble*
- White Precious *High Noble*
- Yellow Precious *High Noble*

Speciality

- IPS Impress
- Procera-Zirconia
- e.max
- Bruxzir - 100% Zirc.

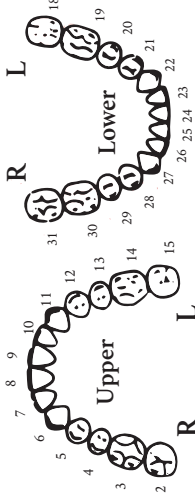
Occlusion

- Porcelain Occlusion
- Metal Occlusion

Shade _____

Stump _____

PLEASE INDICATE TEETH TO BE RESTORED



Instructions: _____

Implants

Select Abutment Type

- Titanium Abutment**
- Zirconia w/Ti-Base
- All-Zirconia Abutment
- Other: _____

Parallel Abutments Y N

Abutment Margin Depth

Facial _____
 Mesial _____
 Lingual _____
 Distal _____

If left blank, default values will be used.

Abutment Margin Design

- Shoulder for all-ceramic
- Chamfer for PFM/BruxZir

Abutment Emergence Profile

- Surgical Placement
- Tissue Displacement**
- No Tissue Displacement

**Standard unless otherwise specified.

Implant Certified

Dentures

Procedure

- Wax Bite
- Set-Up Try-In
- Frame Try-In
- Tooth Try-In
- Reset Try-In
- Process Finish

Teeth

- House Teeth
- Premium Teeth
- Porcelain Teeth

Acrylic Shade

- Light Pink
- Light Reddish Pink
- Dark
- Meharry

Have Natural Arts:

- Call Dr.
- Send Rx Pads
- Send Bags/Boxes
- Send Shipping Labels

TERMS AND CONDITIONS: Accounts are due and payable by the 10th day of each month. A 2% service charge will be added to accounts paid after the 20th day of the month. Financial accounts that become 60 days past due will automatically be issued a C.O.D. invoice for future orders. Delinquent accounts will be responsible for legal costs related to collection charges. Your signature indicates acceptance of these terms. All fees are due and payable in Bexar County, San Antonio, Texas.

Dentist's Signature _____

Licence No. _____

TERMS AND CONDITIONS: Accounts are due and payable by the 10th day of each month. A 2% service charge will be added to accounts paid after the 20th day of the month. Financial accounts that become 60 days past due will automatically be issued a C.O.D. invoice for future orders. Delinquent accounts will be responsible for legal costs related to collection charges. Your signature indicates acceptance of these terms. All fees are due and payable in Bexar County, San Antonio, Texas.

Dentist's Signature _____

Licence No. _____