

Date _____ 20 _____
Doctor _____
Address _____
Telephone () _____
Deliver to: _____

PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT)

CROWN & BRIDGE

Due Date / time _____

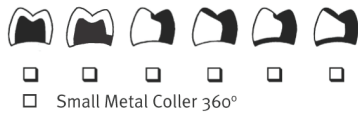
Shade: _____
Tooth # _____
Stump Shade _____ ☐ Digital shade match or photos

- Age _____ ☐ Male ☐ Female
☐ E.max ☐ Zirconia
☐ Layered Zirconia ☐ Solid Zirconia
☐ Porcelain Fused to Metal:
☐ White – High Noble
☐ Yellow – High Noble
☐ White – Noble
☐ Non Precious
☐ Titanium

- Gold
☐ Noble
☐ High Noble
☐ Other _____

IMPLANTS

Brand _____
Platform Size _____



☐ Small Metal Collar 360°

MARGIN DESIGN



Occlusal Staining: ☐ Light ☐ Medium ☐ Heavy

☐ Would like a phone call regarding: _____
Instructions: _____

Version 12.10

Dr. Signature

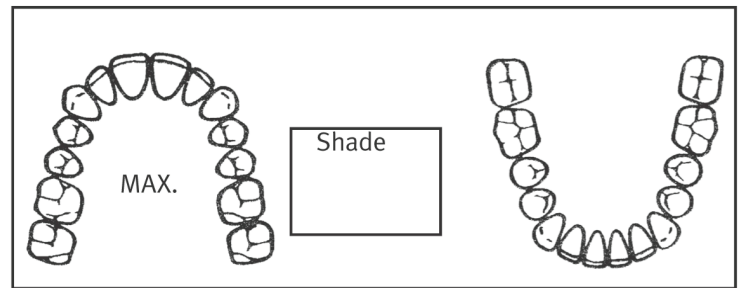
License #

Date _____ 20 _____
Doctor _____
Address _____
Telephone () _____
Deliver to: _____

PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT)

REMOVABLES

Due Date / time _____



- Age _____ ☐ Male ☐ Female
RPD: ☐ Metal ☐ Acrylic
☐ Tooth colored clasp ☐ Wire clasp

- ☐ Bite Block ☐ Try In ☐ Finish
☐ Frame Only
☐ Frame & Bite Registration
☐ Frame & Teeth

Denture Base: ☐ Ivocap Injection ☐ Other
Base shade: ☐ Reg. ☐ Pink ☐ Dark ☐ Light
Mould: Upper _____ Lower _____

Degree of tooth: ☐ 0 ☐ 10 ☐ 20 ☐ 33 other _____
Teeth: ☐ Porcelain ☐ Composite Resin
Tooth brand _____

Alameter measurement: _____
Papillameter measurement: _____

- Nightguards:
☐ CrystalFlex (Thermoelastic)
☐ Ivocap Injection (Hard Acrylic)
☐ Eagle (Hard/Soft Acrylic)
☐ Eco-fit (Hard/Soft)
☐ Upper ☐ Lower ☐ Open Bite _____ mm.
☐ Color _____

Version 12.10

Dr. Signature

License #