

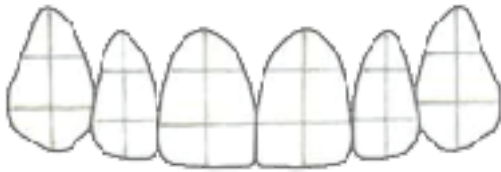
## DOCTOR DETAILS

Date .....20.....  
 Doctor .....License# .....  
 Address .....  
 Telephone ( ) .....  
 Deliver to .....

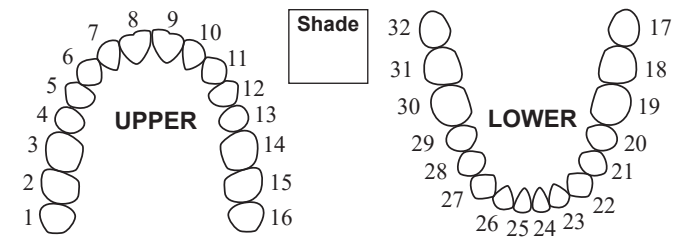
## PATIENT DETAILS

Patient Full Name .....  
 Due Date ..... Appt. Time.....  
 Age .....  
 Gender:  Male  Female  Others

## CROWN & BRIDGE

Shade:   
 Tooth # .....  
 Stump Shade .....  Digital shade match or photos


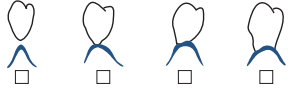
## REMOVABLE






## ALL PORCELAIN

- |  |   |                                     |
|--|---|-------------------------------------|
| <b>E.max</b>                           | <b>Zirconia</b>                           | <b>Gold</b>                         |
| <input type="checkbox"/> Solid E.max   | <input type="checkbox"/> Solid Zirconia   | <input type="checkbox"/> Noble      |
| <input type="checkbox"/> Layered E.max | <input type="checkbox"/> Layered Zirconia | <input type="checkbox"/> High Noble |
|  |   | <input type="checkbox"/> Other..... |

- |   |  |
|---|--|
| <b>Porcelain Fused to Metal:</b>            | <b>Implants</b>                              |
| <input type="checkbox"/> White - High Noble | <input type="checkbox"/> Brand .....         |
| <input type="checkbox"/> White - Noble      | <input type="checkbox"/> Platform Size ..... |
| <input type="checkbox"/> Non - Precious     |  |

- |  |   |
|--|---|
| <b>Metal Design Chart</b>  | <b>Pontics</b>  |
|  |  |
| <input type="checkbox"/> Small Metal Coller 360°                                   |   |

## Crown Design

- |  |  |  |
|--|--|--|
| <b>Cementable Crown</b>  | <b>Screw Retained</b>  | <b>Splinted</b>  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

## Margin Design

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Porcelain Shoulder | <input type="checkbox"/> Metal porc. junction | <input type="checkbox"/> Porcelain Shoulder | <input type="checkbox"/> Metal porc. junction |
|---|---|---|---|

**Instructions:** .....

## Nightguards

- Digital ThermoFlex\***
- Eco-Fit (Hard/Soft)
- All Hard
- Nightguard Finish?
  - Scalloped  **Straight Cut \***
- 2nd NightGuard Copy(50% off)?
  - Yes  No

## Dentures

- Immediate Denture
- Denture Repair
- Impression Tray
- Bite Block
- Set-Up
- Process & Finish

## Other Removables

- Suckdown Retainer
- Snoreguard
- Essix

## Partials

- Flexible Partial
- RPD Frame
- Flipper
- Clasps on Flippers?
  - Yes \*  No

**Bold \* = Default Selection**

**Notes:** .....

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Would like a phone call regarding: .....

**Dr. Signature** \_\_\_\_\_

Person signing this work from accepts sole responsibility and business is responsible for payment, agrees to pay all legal and collections even of a lawsuit. All accounts are due within 30 days of statement date. Except Immediate Dentures all final products have atleast 1 year warranty for manufacturers defect. Any account not paid within the stated terms will be subject to COD account status and a 2% NON-REFUNDABLE late charge per month.