

DR'S NAME _____ DR'S PHONE _____

ADDRESS _____ City _____ State _____ Zip _____

PATIENT (Last) _____ (First) _____ Age _____ Sex _____

Date Sent _____ Delivered by 5:00 pm on: _____ Email _____

Dr Trim Try-In Finish

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Creating a Lifetime of Smiles

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P R E S C R I P T I O N

FIXED PROSTHETIC

Metal Free Restoration - Zirconia <input type="checkbox"/> Full Z™ (Monolithic solid Zirconia) <input type="checkbox"/> Full Z 3D™ (Multi-colored Monolithic Solid Zirconia) <input type="checkbox"/> Zname!™ (Micro Layered Enamel to Zirconia) <input type="checkbox"/> PFZ (Layered Porcelain Fused to Zirconia Coping) <input type="checkbox"/> Zr.maxx™ (Monolithic Translucent Zirconia Crowns) <input type="checkbox"/> e.max® (Monolithic Crowns/Inlays/Veneers) <input type="checkbox"/> e.max® (Micro Layered Crowns/Veneers) <input type="checkbox"/> Nano Composite Restorations (Crowns/Inlays/Veneers)	Porcelain Fused to Metal <input type="checkbox"/> High Noble (White) <input type="checkbox"/> Noble (White) <input type="checkbox"/> Porcelain-to-margin <input type="checkbox"/> Porcelain Butt Margin (90° shoulder prep required) <input type="checkbox"/> Lingual Collar _____ mm <input type="checkbox"/> Buccal Collar _____ mm	Full Cast Crown(s) <input type="checkbox"/> High Noble (Yellow) <input type="checkbox"/> Noble (Yellow) <input type="checkbox"/> Noble (White)
Implant Restoration Implant Brand _____ Platform Size _____ CAD Custom Abutment <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia Hybrid (with Titanium Interface)	Provisionals <input type="checkbox"/> PMMA Temp <input type="checkbox"/> Heat Cured Acrylic <input type="checkbox"/> Wire Reinforced <input type="checkbox"/> Nano Composite	Diagnostic Services <input type="checkbox"/> White Wax <input type="checkbox"/> Duplicate Wax Up <input type="checkbox"/> Prep Model <input type="checkbox"/> Clear Temporary Stent <input type="checkbox"/> Temporary Putty Matrix <input type="checkbox"/> Provisionals
Abutment Choice <input type="checkbox"/> Generic <input type="checkbox"/> Name Brand Crown <input type="checkbox"/> Screw Retained <input type="checkbox"/> Cementable	Enclosed With Case <input type="checkbox"/> Photo (emailed) <input type="checkbox"/> Study Model <input type="checkbox"/> Shade Tab <input type="checkbox"/> Articulator <input type="checkbox"/> Impression <input type="checkbox"/> Bite <input type="checkbox"/> Old Crown <input type="checkbox"/> Ramitec	
Implant Parts Enclosed <input type="checkbox"/> Impression Coping <input type="checkbox"/> Lab Analog <input type="checkbox"/> Abutment <input type="checkbox"/> Screw	Abutment #s _____ Pontic #s _____ Total Units _____	
Pontic Design <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Shade Consultation at Lab for Custom Restoration

Final Desired Shade: _____

Prep/Stump Shade: Required for Metal Free

Occlusal Stain: _____ Texture: _____

May we adjust opposing if necessary? Yes No

May we adjust preps if necessary? Yes No

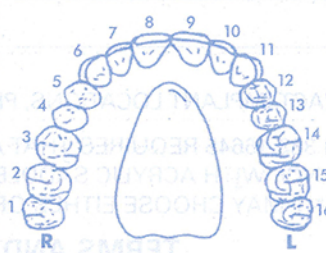

May we adjust the draw if necessary? Yes No

Any future restorative? Describe: _____

REMOVABLE PROSTHETIC

Shade: _____ Tissue Shade _____ Mould: _____

Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Custom Tray <input type="checkbox"/> Base/Rim <input type="checkbox"/> Set Up <input type="checkbox"/> Finish <input type="checkbox"/> Reline <input type="checkbox"/> Repair	Implant Stents <input type="checkbox"/> Surgical Stent <input type="checkbox"/> Drilled <input type="checkbox"/> Undrilled <input type="checkbox"/> Barium Marker	Bite Splints <input type="checkbox"/> Upper <input type="checkbox"/> Lower Product <input type="checkbox"/> Heat & Seat <input type="checkbox"/> Hard/Soft (2 part) <input type="checkbox"/> Hard Style <input type="checkbox"/> Cuspid Rise <input type="checkbox"/> Flat Plane <input type="checkbox"/> Sports Guard	ORTHODONTICS Hawley Retainers <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Circumferential <input type="checkbox"/> Maintenance Plate <input type="checkbox"/> Locator Retained <input type="checkbox"/> Invisible (Essix®) Retainer
Partial <input type="checkbox"/> Vitallium Frame <input type="checkbox"/> Frame Try-In <input type="checkbox"/> Frame with Set Up <input type="checkbox"/> Frame with Occlusion Rim	<input type="checkbox"/> Muco-Dynamic Partial <input type="checkbox"/> Flexible Partial <input type="checkbox"/> Unilateral Flexible Partial	Snore Appliance <input type="checkbox"/> Respire <input type="checkbox"/> EMA® <input type="checkbox"/> Tap®3 <input type="checkbox"/> Herbst	Fixed Appliances <input type="checkbox"/> Nance Appliance <input type="checkbox"/> Hyrax Expander <input type="checkbox"/> Band Loop/Space Maintainer <input type="checkbox"/> Transpalatal Arch <input type="checkbox"/> Habit Appliance Crib <input type="checkbox"/> Lingual Arch 6x6

Clasping
 Ball
 Adams
 C-Clasp
 Soldered-C-Clasp

SEND SUPPLIES: CALENDARS RX ENVELOPES OTHER _____

Dentist's Signature _____ License# _____