

DR. _____ PHONE _____
 ADDRESS _____
 ACCT # _____ TODAYS DATE _____ DUE DATE _____

 PATIENT _____
 AGE _____ DOB _____
 MALE FEMALE


SHADE _____

PREPARED TOOTH SHADE _____

NOTE: PLEASE PROVIDE FOR ALL CERAMICS

OCCLUSAL STAIN

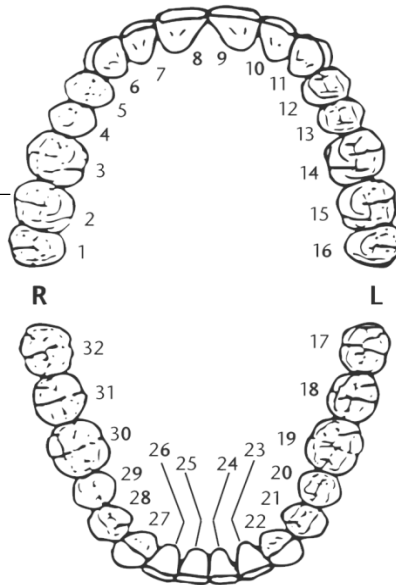
-
- NONE
-
-
- LIGHT *
-
-
- MEDIUM
-
-
- DARK

ENCLOSED WITH CASE

-
- IMPRESSION
-
-
- MODELS
-
-
- BITE
-
-
- RETURN FOR FRAME TRY-IN
-
-
- OTHER _____

SIGNATURE _____ LICENSE# _____

TERMS: Accounts are due and payable upon receipt. Your signature indicates personal guarantee of our warranty policies.



* STANDARD IF NOT SPECIFIED

PORCELAIN FUSED TO METAL

-
- PORC FUSED TO NON PRECIOUS *
-
-
- METAL OCCLUSAL OR LINGUAL
-
-
- PORC FUSED TO NOBLE
-
-
- METAL OCCLUSAL OR LINGUAL
-
-
- PORC FUSED TO WHITE HIGH NOBLE
-
-
- METAL OCCLUSAL
-
-
- PORC FUSED TO YELLOW HIGH NOBLE
-
-
- METAL OCCLUSAL OR LINGUAL

ALL CERAMICS

-
- FULL CONTOUR ZIRCONIA
-
-
- PORC FUSED TO ZIRCONIA
-
-
- ZIRCONIA OCCLUSAL OR LINGUAL
-
-
- IPS E.MAX

IDEAL PROVISIONALS

-
- SINGLE UNITS
-
- SPLINTED *

IN CASE OF TIGHT OCCLUSAL CLEARANCE




-
- REDUCTION COPING
-
-
- SPOT OPPOSING
-
-
- CALL
-
-
- MAKE THIS MY PREFERENCE
-
- ON FUTURE CASES



FULL CAST RESTORATIONS

-
- NON PRECIOUS
-
-
- WHITE HIGH NOBLE
-
-
- NOBLE CAST 40%
-
-
- YELLOW HIGH NOBLE 60% *
-
-
- YELLOW HIGH NOBLE 77%

MARGIN DESIGN

-
- PORCELAIN JUNCTION MARGIN *
-
-
- PORCELAIN SHOULDER MARGIN
-
- HAIRLINE METAL MARGIN ON:
-
-
- LINGUAL
-
- INTERPROXIMAL
-
- 360°

-
- 
- COPING ALL PORCELAIN COVERAGE *
-
-
- 
- METAL OR ZIRCONIA OCCLUSAL
-
- EXCLUDING BUCCAL CUSP
-
-
- 
- METAL OR ZIRCONIA OCCLUSAL
-
- INCLUDING BUCCAL CUSP

-
- 
- 3/4 METAL OR
-
- ZIRCONIA LINGUAL
-
- 
- 1/4 METAL OR
-
- ZIRCONIA LINGUAL

PONTIC DESIGN
