

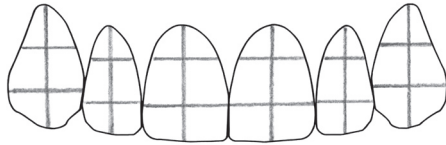
DATE _____ 20_____
DOCTOR _____
ADDRESS _____
TELEPHONE () _____
DELIVER TO: _____

PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT) _____

CROWN & BRIDGE

DUE DATE: _____ TIME: _____

Tooth #:



Shade _____

Stump Shade _____ Digital shade match or photos

PORCELAIN

- Empress/Finesse
- Eris
- Zirconia
- Porcelain fused to metal:
 - White - High Noble
 - Yellow - High Noble
- Other _____
- Implants
Brand _____ Size _____

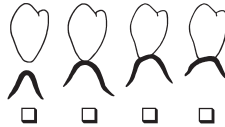
FULL GOLD CROWNS

- Gold: Type II
- Type III
- Other _____

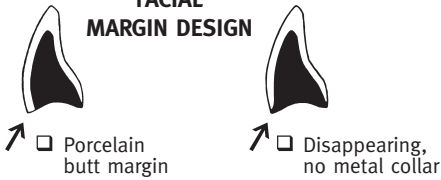
METAL DESIGN



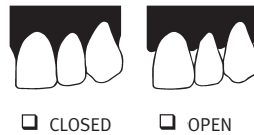
PONTICS



FACIAL MARGIN DESIGN



GINGIVAL EMBRASURES



- Occlusal Staining:** Light Medium Heavy
- Would like a phone call regarding: _____

Instructions:

Dr. Signature

License #

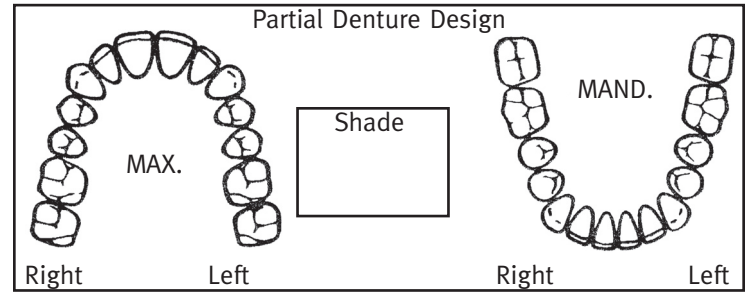
DATE _____ 20_____
DOCTOR _____
ADDRESS _____
TELEPHONE () _____
DELIVER TO: _____

PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT) _____

REMOVABLES

DUE DATE: _____ TIME: _____

- Bite Block
- Try In
- Finish



Age _____ Male Female

RPD:

- Metal
- Acrylic
- Tooth colored clasp
- Wire clasp
- Try In
- Finish
- Frame Only
- Frame & Bite Registration
- Frame & Teeth

Denture Base:

- Ivocap Injection
- Lucitone 199
- 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: _____

Nightguard:

- Thermoelastic (Impak)
- Hard (Ivocap Injection)
- SeaBrook Simple: Hard/Soft Hard
- Upper Lower Open Bite _____ mm.
- with Anterior Guidances (Pankey Inst.)

Would like a phone call regarding: _____

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License #