

4694 TAMiami TRAIL, STE D PORT CHARLOTTE, FL 33980

TODAY'S DATE: \_\_\_\_\_

**VISIT OUR PORTAL TO SCHEDULE PICK-UPS**

**METAL FREE RESTORATIONS** TOOTH #  
 E. MAX CROWN \_\_\_\_\_  
 E. MAX VENEER \_\_\_\_\_  
 E. MAX INLAY ONLAY \_\_\_\_\_  
 FULL CONTOUR ZIRCONIA **MULTILAYER** \_\_\_\_\_  
 FULL CONTOUR ZIRCONIA **LT** \_\_\_\_\_  
 PORCELAIN FUSED TO ZIRCONIA \_\_\_\_\_  
 FCZ WITH PORCELAIN FACIAL \_\_\_\_\_

**PORCELAIN FUSED TO METAL**  
 PFM NON-PRECIOUS \_\_\_\_\_  
 PFM NOBLE \_\_\_\_\_  
 PFM HIGH NOBLE WHITE \_\_\_\_\_  
 MARYLAND BRIDGE \_\_\_\_\_

**FULL CAST RESTORATIONS**  
 FC NON-PRECIOUS \_\_\_\_\_  
 FC NOBLE WHITE \_\_\_\_\_  
 FC NOBLE YELLOW \_\_\_\_\_  
 FC HIGH NOBLE WHITE \_\_\_\_\_  
 FC HIGH NOBLE YELLOW \_\_\_\_\_

**PREFERENCES**

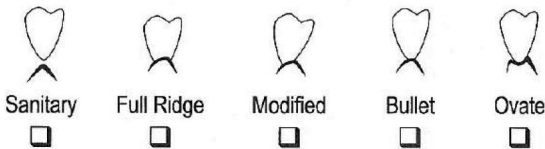
**OCCLUSAL CLEARANCE**

- NO OCCLUSAL CONTACT
- LIGHT OCCCLUSION
- FULL OCCCLUSION

**MARGIN DESIGN**

- METAL COLLAR LINGUAL
- METAL COLLAR 360
- PORCELAIN MARGIN 180
- NO METAL SHOWING

**PONTIC DESIGN**



REQUESTED SUPPLIES, PLEASE CIRCLE: BOXES, SHIPPING LABELS, LAB SCRIPTS, FEE SCHEDULE, SHIPPING CALENDAR, OTHER; \_\_\_\_\_

**DENTIST SIGNATURE** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_ **DATE** \_\_\_\_\_

TERMS: NET 15TH OF MONTH. A FINANCE CHARGE OF 1.5% WILL BE ADDED TO PAST DUE ACCOUNTS.

\*\*EXTRA FEES WILL APPLY

**PRACTICE NAME** \_\_\_\_\_

**DR. NAME:** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**PATIENT ID:** \_\_\_\_\_

**MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_ **DOB** \_\_\_\_\_

**RETURN REQUESTED DATE** \_\_\_\_\_

**PATIENT APPOINTMENT DATE** \_\_\_\_\_

RUSH - 5 WORKING DAYS IN LAB\*\* \_\_\_\_\_

**PLEASE VISIT OUR PORTAL TO CONFIRM DELIVERY DATE**

**ENCLOSED WITH CASE:**

\_\_MODEL \_\_TEETH \_\_ARTICULATOR \_\_SHADE TAB  
 \_\_BITE \_\_METAL TRAY \_\_IMPRESSIONS \_\_PICTURE

**SHADE INFORMATION**

**FINAL SHADE** \_\_\_\_\_

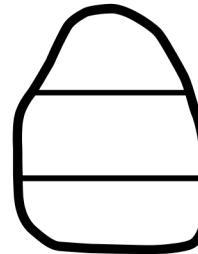
**STUMPF SHADE** \_\_\_\_\_

**DR REQUESTS CALL** \_\_\_\_\_

**CUSTOMIZED ESTHETIC CASE\*\*** \_\_\_\_\_

**INSTRUCTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**DENTURES**

	UPPER/LOWER
CUSTOM TRAY	_____
BITE RIM	_____
STANDARD DENTURE SETUP	_____
PREMIUM DENTURE SETUP	_____
STANDARD DENTURE PROCESS	_____
PREMIUM DENTURE PROCESS	_____
IMMEDIATE TRY-IN	_____
IMMEDIATE TO FINISH	_____

**PARTIAL DENTURES**

CUSTOM TRAY	_____
PARTIAL FRAME-STANDARD	_____
PARTIAL FRAME-VITALIUM®	_____
SHADED PARTIAL FRAME	_____
CLEAR PARTIAL FRAME	_____

**SET-UP**

PARTIAL SETUP-STANDARD	_____
PARTIAL SETUP-PREMIUM	_____
PARTIAL SETUP-ACRYLIC (NO FRAME)	_____
FLEXI-PARTIAL SETUP	_____

**PROCESS**

1-2 TOOTH FLIPPER (NO CLASPS)	_____
PARTIAL PROCESS-STANDARD	_____
PARTIAL PROCESS-PREMIUM	_____
PARTIAL PROCESS-ACRYLIC	_____
FLEXI PARTIAL PROCESS	_____

**PARTIAL DESIGN**

