

Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____

First Last

Address/Email _____ **Deliver by 5 p.m. on** _____

Enclosed with Case: Impressions Models Bite Photos Other: _____

PROVISIONAL RESTORATIONS

Abutment #(s) _____
 Pontic #(s) _____ Total units _____
 Cement-On Implant
 Screw-Retained Implant
 Individual Units
 Amount of prep reduction: 1 mm* 2 mm
 Perio treatment: Prepare tooth below gingival
 on tooth #(s) _____ by _____ mm
 Pontic site healing: Prepare ovate socket on tooth
 #(s) _____ by _____ mm

ZIRCONIA/ALL-CERAMIC RESTORATIONS

Full-Strength* (> 1250 MPa & 48% Translucency)
 Esthetic (> 700 MPa & 50% Translucency)
 IPS e.max
 Crowns & Bridges
 Bilayered Clinical Zirconia

VENEERS

IPS e.max veneer Layered IPS e.max veneer

SCREW-RETAINED RESTORATIONS

IPS e.max (w/ Ti-Base)

CUSTOM ABUTMENTS

Titanium* Zirconia w/ Ti-Base
 Gold-Tone Titanium Prepare existing abutment

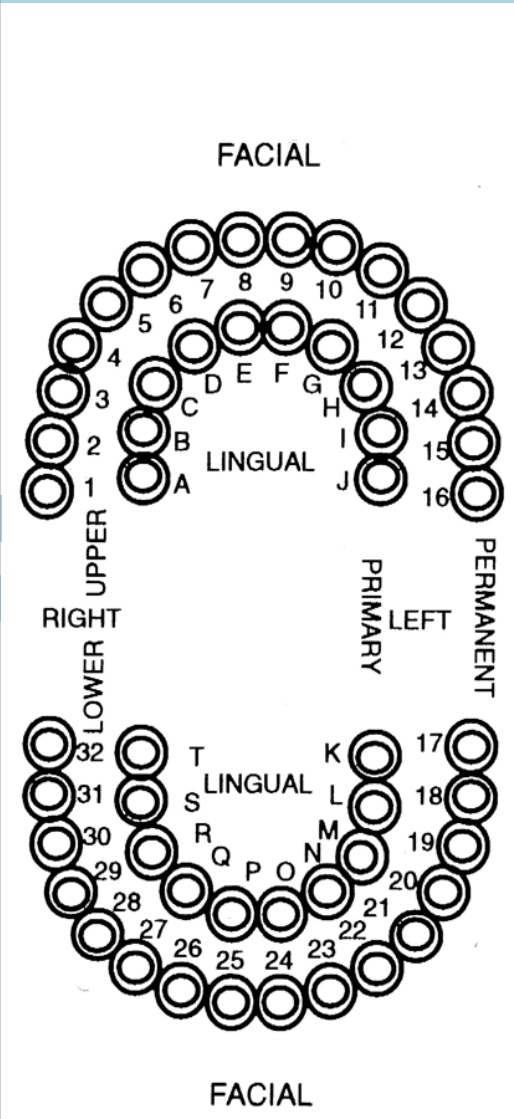
COMPOSITE RESTORATIONS

Composite Fiber Reinforcement

NIGHTGUARDS

Upper Lower
 Buy 1 Buy 2 and save Scan/Save File
 Hard/Soft
 Hard

TOOTH SELECTION



FINAL SHADE	STUMP SHADE	OCCUSAL STAINING
	<i>Must indicate prepped tooth shade for all-ceramics</i>	<input type="checkbox"/> None <input type="checkbox"/> Light* <input type="checkbox"/> Medium <input type="checkbox"/> Dark

PONTIC DESIGN	MARGIN AND METAL DESIGN
	Labial Butt <input type="checkbox"/> Junction <input type="checkbox"/> * Junct. Collar <input type="checkbox"/> Excl. Cusp <input type="checkbox"/> Incl. Cusp <input type="checkbox"/>

IF NO OCCUSAL CLEARANCE
 Call doctor Spot opposing Metal occlusion Metal island Make this a permanent note



Implant System _____ (if applicable)
 Implant Diameter _____ mm

Signature _____

License _____ Date _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

*Standard unless specified otherwise