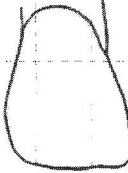


Doctor _____ Case # _____
 Address _____ Rcv'd Date _____
 City _____ State _____ Zip _____ Due Date _____
 Phone _____
 Patient _____ Age _____ Sex M F


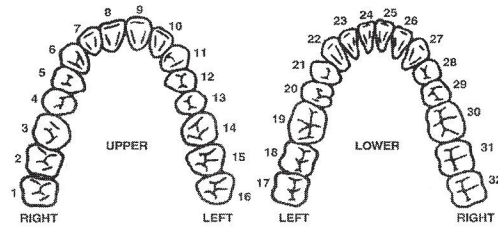
FIXED RESTORATIONS (Please)

Porcelain To Metal <input type="checkbox"/> PFM - Non Precious <input type="checkbox"/> PFM - Noble Semi Prec. <input type="checkbox"/> PFM - High Noble White <input type="checkbox"/> PFM - High Noble Yellow <input type="checkbox"/> Porcelain To Titanium	Metal Free All Ceramic <input type="checkbox"/> IPS Empress E.max™ <input type="checkbox"/> E.max Veneer, Inlay, Onlay <input type="checkbox"/> Zirconia <input type="checkbox"/> Zirconia Full Contour <input type="checkbox"/> Gradia	Full Cast <input type="checkbox"/> Non-Precious <input type="checkbox"/> Non-Precious Yellow <input type="checkbox"/> Semi-Precious White <input type="checkbox"/> Semi Precious Yellow <input type="checkbox"/> High Noble Yellow
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Metal Design
 No Collar
 Lingual Collar _____mm
 Full Metal Band _____mm
 Metal Occlusal Excluding Buccal Cusp
 Metal Occlusal Including Buccal Cusp
 Metal Lingual
 Porcelain Butt Margin (Shoulder Prep Required)

Shade

 Shade _____
 Stump Shade _____

Office Use Only
 Pour _____
 Ditch _____
 Fit _____
 Wax _____
 Opaque _____
 Bake _____
 Contour _____
 QC _____

Pontic Design



Please send :
 RX Forms Mailing Boxes Other _____

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____

License Number _____ State _____

REMOVABLE RESTORATIONS (Please)

Dentures <input type="checkbox"/> Custom Tray <input type="checkbox"/> Base Plate/Wax Rim <input type="checkbox"/> Combo Tray w/ Wax Rim <input type="checkbox"/> Economy Denture <input type="checkbox"/> Deluxe Denture <input type="checkbox"/> Premium Denture <input type="checkbox"/> Transitional Denture <input type="checkbox"/> Immediate Denture <input type="checkbox"/> Denture Set-Up <input type="checkbox"/> Denture Finish	Metal Partials <input type="checkbox"/> Standard Partial <input type="checkbox"/> Deluxe Partial (Vitalium 2000) <input type="checkbox"/> Frame Try-In <input type="checkbox"/> Wax Try-In with Teeth <input type="checkbox"/> Bite Block <input type="checkbox"/> Finish	Specialty Partials <input type="checkbox"/> Acrylic Partial Flipper <input type="checkbox"/> Acrylic Partial w/ Clasp <input type="checkbox"/> Unilateral (NESBIT) <input type="checkbox"/> FRS™ <input type="checkbox"/> Valplast <input type="checkbox"/> Metal / Acrylic										
Repairs / Relines Relines <input type="checkbox"/> Hard <input type="checkbox"/> Soft Repairs <input type="checkbox"/> Tooth <input type="checkbox"/> Fractures <input type="checkbox"/> Clasp	Flexible Partials <input type="checkbox"/> Valplast™ <input type="checkbox"/> FRS™ Flexible <input type="checkbox"/> Set-Up <input type="checkbox"/> Finish	Shade <table border="0"> <tr> <td>Acrylic</td> <td>Flexible</td> </tr> <tr> <td><input type="checkbox"/> Lucitone</td> <td><input type="checkbox"/> Pink</td> </tr> <tr> <td><input type="checkbox"/> Deluxe</td> <td><input type="checkbox"/> Meharry</td> </tr> <tr> <td><input type="checkbox"/> Economy</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dark</td> <td></td> </tr> </table> Tooth Shade _____ Tooth Mold _____ Tooth Make _____	Acrylic	Flexible	<input type="checkbox"/> Lucitone	<input type="checkbox"/> Pink	<input type="checkbox"/> Deluxe	<input type="checkbox"/> Meharry	<input type="checkbox"/> Economy		<input type="checkbox"/> Dark	
Acrylic	Flexible											
<input type="checkbox"/> Lucitone	<input type="checkbox"/> Pink											
<input type="checkbox"/> Deluxe	<input type="checkbox"/> Meharry											
<input type="checkbox"/> Economy												
<input type="checkbox"/> Dark												
Specialty Products <input type="checkbox"/> Deluxe Guard <input type="checkbox"/> Hard Clear Nightguard <input type="checkbox"/> ProForm Nightguard <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> CT Scanning Device <input type="checkbox"/> Vacuum Nightguard												

Rx SPECIFIC INSTRUCTIONS :