

Dr. \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Drs Phone \_\_\_\_\_

Finish Date  _____ by 5:00 PM
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Unwritten due dates will be delivered in 10 business days

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M  F

(Construct and deliver to the undersigned only, the herein described dental Restoration)

## Shade Instructions

Stump Shade \_\_\_\_\_ Tooth# \_\_\_\_\_

Shade \_\_\_\_\_



## Occlusal Splints & Nightguards Call Me to Discuss

- Comfort H/S  Soft  
 Hard Upper / Lower

sending images to:  
oralimage@att.net

## Metal Type

- Porc. Fused to Captek  
 Porc. Fused to Yellow Gold  
 Porc. Fused to White Gold  
 Porc. Fused to Noble  
 Porc. Fused to Base Metal (Nickel-Free)  
 360° Porc. Butt Margin  
 Facial Porc. Butt Margin  
  
 No Metal Collar  
 Lingual Metal Collar  
 360° Metal Collar

If Not Enough Occlusal Clearance:

- Metal Occlusal / Island  
 Reduction Coping  
 Reduce Opposing \*mark

## Metal Free Type

- Cercon® Layered Zirconia  
 IPS E max®  Monolithic  Layered  
 Premise® Nano-Hybrid Composite  
 IPS Empress®  Monolithic  Layered  
 Ultra-Thin® No Prep Veneer  
 Bruxzir®, Full Zirconia

## Please Send

- Rx's  
 Bags / Boxes

## Implants

- Custom Cad/Cam Titanium Abutment  
 Custom Cad/Cam Zirconium Abutment  
 Modify Pre-fab Abutment  
 Atlantis Titanium abutment  
 Atlantis Zirconium abutment  
 Encode abutment  
 Use genuine implant abutment parts  
 Cement-retained  
 Screw-retained

\_\_\_\_\_  
Dentist License Number

\_\_\_\_\_  
Date