

Doctor _____ Phone _____

Address _____

Patient _____ Sex _____ Age _____

DUE DATE: _____

DATE: _____ **TIME:** _____

END OF DAY

ALL CERAMIC RESTORATIONS

- se.max** Stained and Glazed
- se.max** Layered
- se.max** Inlay/Onlay
- IPS/Empress Stained and Glazed
- IPS/Empress Layered

ZIRCONIA BASED RESTORATIONS

- Bruxer Monolithic 1200+ MPa
- Bruxer Translucent 650+ MPa
- Zirconia Layered

Smile Design Restoration

- Zirconia Layered Premium*
- se.max** Layered Premium*

PORCELAIN FUSED TO METAL

- High Noble Precious
- Noble Semi-Precious
- Non-Precious Base
- Porc. Butt Margin Metal Occl.

FULL METAL RESTORATIONS

- High Noble Yellow
- Noble Yellow
- Noble Silver
- Non-Precious Base

IMPLANT RESTORATIONS

Custom Abutment

- Titanium
- Titanium Gold Hue
- Zirconia

- Cementable Crown
- Screw Retained Crown
- ASC Abutment / Crown

Stock Abutment

- Titanium

HYBRID RESTORATIONS

Pre-Surgical

- Full Denture Surgical Guide

Final Prosthesis

- Zirconia Hybrid*
- Zirconia & Individual Teeth*
- Titanium & Acrylic Teeth
- Titanium & Individual Porc. Teeth*

*Premium Upgraded Restorations

Shade: _____

Prep. Shade: _____



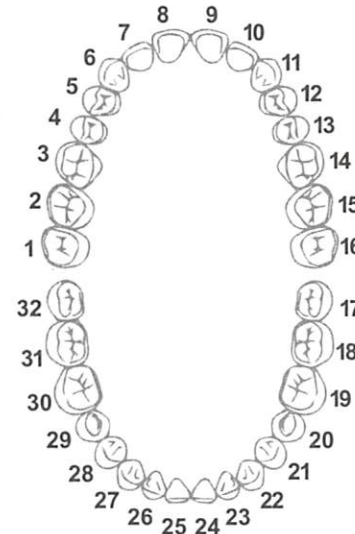
OCCUSAL STAINING

- None Med
- *Light Dark

PONTIC DESIGN



Rx



Rx REMOVABLE

ENCLOSED:

- Impression Bite
- Master Model Photos
- Opposing Model Other _____

Select Arch

- Maxillary
- Mandibular

Custom Tray

- Perforated
- Non-Perforated
- Full Extension
- _____ mm short of full extension

Occlusal Record Rim

- Baseplate & Bite Rim
- Metal Frame & Bite Rim

Metal Partial Framework

- Nobilium Cobalt (Standard)
- Vitallium® 2000+ (Premium)

Combo

- Metal Frame/Flexible Clasp

Frame Design

Maxillary

- Horseshoe
- Palatal Strap

Mandibular

- Lingual Bar
- Lingual Plate

Metal Clasp Design

- Akers
- I Bar
- T Bar
- T Bar Modified
- Lab to Select
- Follow Old Design (Provide Photo)

Aesthetic Clasp Design

- Tooth Color
- Clear
- Gum Color

Acrylic Partial Denture

- Acrylic Flipper 1-4 Teeth
- Acrylic Flipper 5-10 Teeth
- w/ Wrought Wire Clasp

Flexible Partial Frames

- Duraflex® (Repairable)
- Valplast®
- Solvay®

Select Teeth Grade

- Medium
- Premium

Acrylic Full Denture

- Full Denture Economy
- Full Denture Standard
- Full Denture Premium

Select Teeth Type

- BlueLine IVOCLAR
- Portrait IPN Dentsply
- Mondial Kulzer
- Other: _____

Denture Finish Style

- Light Anatomy
- Medium Anatomy
- Heavy Anatomy

Night Guard

- Flat Plane
- Clear Splint
- Flat Plane w/Ant. Guide
- NTI®
- Other: _____

Select Type

- Hard Soft
- Hard
- Thermoflex

All Restorations Made in the USA

Please Call

Frame Try-in

Signed: _____ Date: _____ Lic. #: _____

Payment is due in full within 30 days from date of invoice. A late penalty of 2% per month will be charged on all balances not paid within 30 days from date of invoice by submitting this prescription you agree to pay in full the stated price of Products.