



for office use	
a	b
c	d

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ M F

Date Wanted: \_\_\_\_\_ Time: \_\_\_\_\_ Shade: \_\_\_\_\_

Rx Notes:

- Send Supplies
- Call To Discuss

Dr. Signature: \_\_\_\_\_

\*Circle the desired restoration preferences\*

	Premium		Economy	
<b>PFM</b>	Semi-Prec. (Nobel)	High Nobel (AH)	Non-Prec.	
margin:	Porc. Butt Margin	Porc. to Margin	Lingual Metal Collar	360 Metal Collar
occlusion:	Porcelain Occlusion	Metal Occlusion		
<b>Zirconia</b>	Porcelain Layered		Full Contour Zirconia (Stain & Glaze)	
<b>E-max</b>	Porcelain Layered		Full Contour E-max (Stain & Glaze)	
<b>Veneers</b>	Porcelain Layered		Full Contour Press (Stain & Glaze)	
<b>Full Gold</b>	High Nobel (62%)		Yellow LF (2%)	Non-Prec (Sun)
<b>Waxup</b>	Esthetic (White Wax)		Diagnostic ( Beige Wax)	

if inadequate clearance:

Trim Opposing	Reduction Coping	Please Call
Foil Relief	Double Foil Relief	Positive Contact
Cuspid Guidance	Group Function	

centric contact:

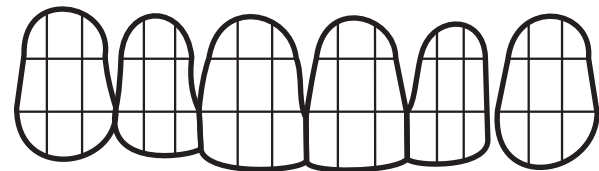
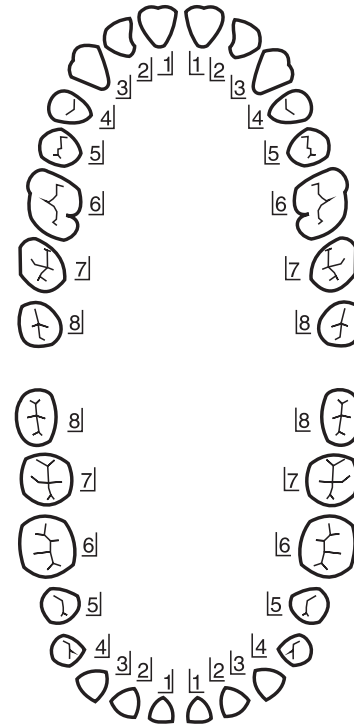
lateral excursion:

<b>Pontic Design</b>	<input type="checkbox"/> 1. HARMONY 	<input type="checkbox"/> 2. CONE 	<input type="checkbox"/> 3. HYGENIC 	<input type="checkbox"/> 4. RIDGELAP 
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Rx

Patient's Right

Patient's Left



In the event that your account becomes delinquent beyond our agreed net terms of 30 days, you are responsible for any and/or all late fees, service charges, attorney fees or collection costs incurred in the recovery of amounts owed.