

Date: _____
Dr. _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Patient: _____ Age: _____
Male Female

ENCLOSED WITH CASE

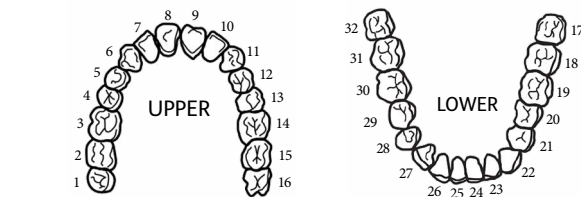
Impression	Master Model	Old Crown
Study Model	Diag. Wax-up	Photos
Denture	Attachment	Bite Relation
Facebow	Opposing Model	Articulator

Copings	Amount Included	Has this case been disinfected? Yes No *Please send a copy of the surgical note
Analogs		
Abutments		
Screws		

Digital Scan: _____
Date Sent: _____ Time Sent: _____
System: _____

SPECIAL INSTRUCTIONS

Please Call _____ Please Text #: _____
Request Return Date: _____ Time: _____



2065 W. Woodland • Springfield • MO • 65807 • 800.462.3569

ABUTMENT SELECTION

Pt. Specific Milled
Titanium Gold Hue Zirconia
UCLA:
High Noble White High Noble Gold
Zimmer/Biomet Encode
Temporary

Cementable
Screwmentable
Place screw access hole, but do not cement
Place screw access hole, and cement (extra charge for cement)

ABUTMENT EMERGENCE PROFILE

Anatomical Tissue Displacement
Blanching Ok Moderate Tissue Displacement (default)
Cementable

ABUTMENT MARGIN DESIGN

Shoulder (default)
Chamfer
Feather

IMPLANTS

If no occlusal clearance:
Call Adjust Opposing
Surgical Guide

(Please include impression components with case)

Brand	Type	Size	Tooth#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESTORATION SELECTION

E-Zr Natural (Anterior)	E-Zr Total (Posterior)
Porcelain to High Noble Yellow	Full Cast
Porcelain to High Noble White	Porcelain to Base Metal
Porcelain to Noble White	

SHADE Final Shade _____
Pink Porcelain at Gingiva? Yes No

OCCLUSAL STAINING *DEFAULT
None Light* Medium Heavy

EMBRASURES
Open Closed

CONTACTS
Broad & Tight Pinpoint Light

SURFACE ANATOMY
Smooth Moderate* Textured

SIGN & COMPLETE PRESCRIPTION

Payment is due upon receipt of statement. Payment not received by the end of the following month is subject to a 1.5 % per month service charge on the unpaid balance plus all collection costs if incurred. Your signature is acceptance of these terms.
Each prescription must be completed and signed.
X
Doctor Signature _____ License Number _____