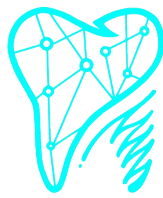


PAN#



Dr. _____

Patient Name: _____ Age: ___ M / F Today's date: ___/___/___ Return Date: ___/___/___

Fixed Restorations

- Temporaries
Diagnostic Wax-Up
Porcelain Fused to Metal
All Ceramic
Full Cast
Contact Instructions
Buccal Margin

Shade: _____

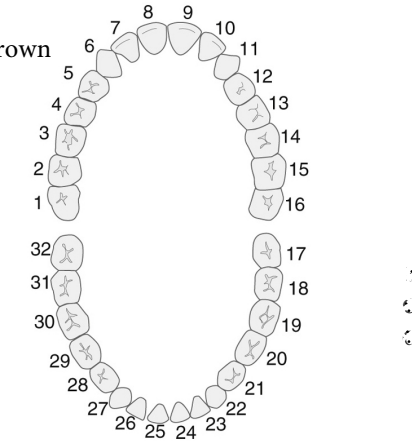


Occlusal Stain:

- None Light Medium Dark

Implants

- Screw retainer Crown
All on 4
All on 6



Lingual Margin

- No metal Collar
Metal Collar ___ mm

Removables

Cast Metal Partial

- Frame Only
Frame & Bite Block
Frame & Wax Setup with teeth
Flexible & Frame
TCS / Valplast Partial

Dentures

- Custom Tray
Bite Block/ Rim
Set-up Teeth in Wax
Process Denture
Flipper
Nestbit TCS
Valplast Flexible Denture (TCS)

Guards & Bleaching

- Soft Nightguard
Hard Nightguard
Hard/Soft Nightguard
Bleaching Tray

Surgical guide

Palatal Stent

Reline

Repair -describe below

Enclosed:

- Impressions
Study Models
Opposing
Bite
Articulator
Parts
Implant Part

Photos:

- E-mail
Text
Prints
None

If Insufficient Room: Reduce & Mark Please Call Reduction Coping

Describe:

Standard turnaround (guaranteed 2 weeks from day of receipt)

Rush service for additional charge \$48.60
If rush service is required, specify date & time:

Terms: Net 30 Days, 2% Interest per month(24% per year) will be charged on all overdue balances.

Signature: _____ License: _____

Address: _____ City: _____ State: _____ Zip code: _____