Doctor _____ Signature _____

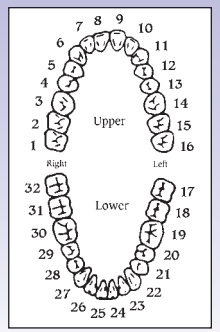
Address _____ Date Prepped _____

City, State, Zip _____ PATIENT _____

PHONE # _____ Fax # _____ Male Female Age _____

License # _____ **RETURN DATE** _____

E-mail _____ SUPPLIES NEEDED: ☐ Rx's ☐ Bags ☐ Boxes



TRY IN

☐ METAL
☐ BISQUE

Lab Use Only

TOOTH NUMBERS _____

CERAMICS

- PFM/HIGH NOBLE ALLOY
- PFM/NOBLE ALLOY
- PFM/BASE ALLOY
- **ULTIMATE CROWN** (BASE ALLOY/22K GOLD PLATED)
- MARYLAND BRIDGE (BASE ALLOY ONLY)
- **IMPLANT** TYPE _____

  SPECIALIST _____
- SOFT TISSUE REPLICA

EXTRAS

- 360° METAL COLLAR
- 360° PORCELAIN COLLAR
- PORCELAIN BUTT JOINT
- METAL OCCLUSAL OR LINGUAL
- REST FOR FUTURE PARTIAL ☐ METAL ☐ PORCELAIN
- FIT TO EXISTING PARTIAL

CROWN & BRIDGE

- FULL CAST CROWN/BASE ALLOY
- FULL CAST CROWN/YELLOW GOLD
- FULL CAST INLAY/ONLAY/YELLOW GOLD
- POST & CORE
  ☐ BASE ALLOY ☐ WHITE GOLD ☐ YELLOW GOLD
- BILLY POST & CORE (OPAKED) **SHADE** _____

COMMUNICATION:

CALLED DR. / DATE: _____ INIT _____

TALKED TO: _____

MESSAGE: _____

DR. CALLED / DATE: _____ INIT _____

TALKED TO: _____

MESSAGE: _____

PATIENT EXPECTATIONS: _____

ADDITIONAL COMMENTS: _____

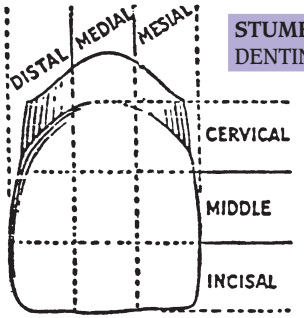
Additional Room to Write on Back.

COSMETICS

- EMPRESS LVI TECHNIQUE ☐ CROWN ☐ VENEER
- EMPRESS
  ☐ CROWN ☐ INLAY/ONLAY ☐ VENEER
- EMAX LAYERED (ERIS) CROWN
- EMAX
  ☐ CROWN ☐ INLAY/ONLAY
- COSMOPOST
- PROCERA
- ZIRCONIA
- BELLEGLASS
  ☐ CROWN ☐ INLAY/ONLAY ☐ VENEER
- TARGIS VECTRIS BRIDGE
- WHITE WAX ☐ WITH PINK TISSUE
- TEMPORARY

IS THIS A VITAL TOOTH? ❑ YES ❑ NO

DO YOU INTEND TO BOND? ❑ YES ❑ NO



STUMPF SHADE: _____

DENTIN ☐ YELLOW ☐ GRAY ☐ BLACK

SHADE: _____

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