

Doctor _____

Patient _____ Date _____

Street _____

Phone _____ Due Date _____

City _____ State _____ Zip _____

Return UPS Gnd. 2nd day Overnight Other

Please circle the appropriate items

<u>Items shipped with this case</u>					
Counter Model	Master Impression	Shade Tab	Bite Registration	Metal Articulator	Study Model

Teeth to Be Restored

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Restoration Type:	<i>IPS e.max Monolithic</i>	<i>IPS e.max Layered</i>	<i>IPS Empress</i>	<i>Zirconia Layered</i>	<i>Full Zirconia Bruxzir</i>
Please circle your choice(s)	<i>Radica OverTemps</i>	<i>Long-Term Temps</i>	<i>Captek</i>	<i>Full cast</i>	<i>PFM</i>

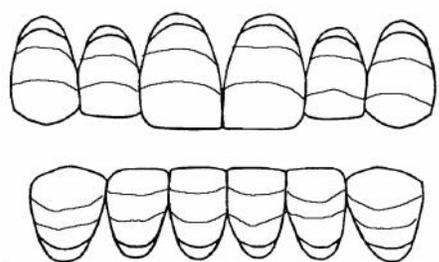
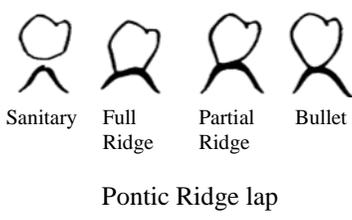
Articulation: Plastic hinge Metal hinge Denar Hanau Artex Panadent Stratos Whip-Mix Sam 3

Please Return: Single units Splint Completed Frame only Bis Bake

Alloys: 50% gold 88% gold We use Vita porcelain on all PFM & Zirconia cases

Templates: Wax-up Template and prep guide Prepare teeth on duplicate model Imaging date _____

Texture: Heavily defined Moderate Light Smooth



Additional Instructions: ↓

I want a photo preview of my case Y N Dr. Signature _____ Date _____