

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>Full cast</i>	<i>PFM</i>	<i>Captek</i>	<i>Pressed glass (Empress or Authentic)</i>		
<i>Sculpture</i>	<i>Feldspathic Veneer</i>	<i>ThinPress</i>	<i>Zirconia with pressed glass</i>	<i>Vita inVizion (Y-Z)</i>	<i>IPS e.max ZirCAD</i>	<i>Milled Spinell</i>

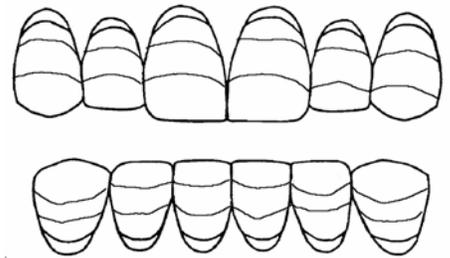
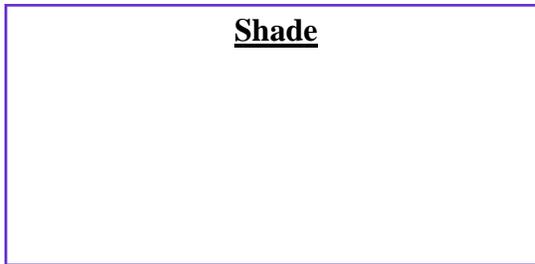
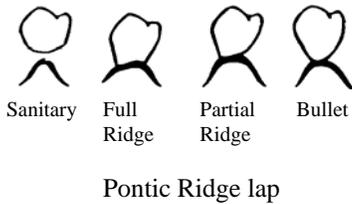
Articulation: Plastic hinge Metal hinge Denar Hanau Artex Panadent Stratos Sam 2 Sam 3

Please Return: Single units Splint Completed Frame only Bis Bake

Materials: 50% gold 88% gold We use Vita VMI3 porcelain on all PFM cases

Templates: Waxup 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 _____