

DR. NAME & PHONE # \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

RETURN DATE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

APPT. DATE & TIME \_\_\_\_\_

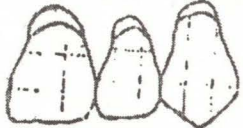


# RESTORATIVE SOLUTIONS

DENTAL LAB

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M / F	AGE	SPECIAL INSTRUCTIONS	
<b>RESTORATIVE CHOICES</b>		STUMP / DENTIN SHADE _____ FINAL SHADE _____ 	
<input type="checkbox"/> ALL METAL (CAST CROWN) <input type="checkbox"/> ALL CERAMIC VENEER <input type="checkbox"/> E. MAX (LITHIUM DISILICATE) <input type="checkbox"/> PORCELAIN FUSED TO ZIRCONIA <input type="checkbox"/> FULL CONTOUR ZIRCONIA (1200 MPA) <input type="checkbox"/> UCLA CUSTOM CAST ABUTMENT <input type="checkbox"/> TITANIUM CAD/CAM ABUTMENT <input type="checkbox"/> ZIRCONIA CAD/CAM HYBRID ABUTMENT <input type="checkbox"/> SCREW RETAINED E. MAX <input type="checkbox"/> SCREW RETAINED ZIRCONIA <input type="checkbox"/> MAXIALLARY BITE SPLINT <input type="checkbox"/> IMPLANT PLANNING / SURGICAL GUIDE		<b>OCCLUSAL STAIN</b>	<b>SURFACE TEXTURE</b>
IMPLANT BRAND _____ IMPLANT PLATFORM SIZE _____ <input type="checkbox"/> DIAGNOSTIC WAX-UP _____ <input type="checkbox"/> PMMA PROVISIONAL TEMP _____		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK	<input type="checkbox"/> SMOOTH <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY
<b>PLEASE RETURN CASE FOR:</b> <input type="checkbox"/> DIE TRIM <input type="checkbox"/> TRY-IN		<b>PLEASE SEND:</b> <input type="checkbox"/> MAILING BOXES <input type="checkbox"/> Rx <input type="checkbox"/> BIO BAGS <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ENCLOSURES:</b> <input type="checkbox"/> BITE REGISTRATION(S) <input type="checkbox"/> IMPRESSION(S) <input type="checkbox"/> BITE FORK <input type="checkbox"/> PHOTOS EMAILED <input type="checkbox"/> IMPLANT PARTS <input type="checkbox"/> CUSTOM SHADE TAB <input type="checkbox"/> PRE-OP MODEL <input type="checkbox"/> OPPOSING MODEL <input type="checkbox"/> TEMP MODEL <input type="checkbox"/> OLD RESTORATIONS <input type="checkbox"/> DIAGNOSTIC WAX-UP
		<b>SIGNATURE:</b> _____	<b>LIC. #:</b> _____