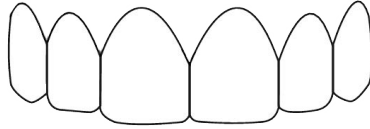


DATE \_\_\_\_\_  
 DR. \_\_\_\_\_  
 PT. \_\_\_\_\_  
 AGE \_\_\_\_\_ Male / Female  
 DATE REQUIRED \_\_\_\_\_

**CHARACTERIZATION CHART**

- Value**  
 High (bright)  
 Medium  
 Low



Shade \_\_\_\_\_

Length of Centrals \_\_\_\_\_ mm

<b>TEETH TO BE RESTORED</b>															
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

Request Call After Mounting?  YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> EMAX                | <input type="checkbox"/> FIXED ORTHOTIC/NO PREP      |
| <input type="checkbox"/> ZIRCONIA            | <input type="checkbox"/> DIAGNOSTIC WAX UP WITH PREP |
| <input type="checkbox"/> EMPRESS             | <input type="checkbox"/> PMMA/TEMPORARY              |
| <input type="checkbox"/> IMPLANTS            | <input type="checkbox"/> MATRIX                      |
| <input type="checkbox"/> TRIAL SMILE/No Prep |  |

**IMPLANT SUPPORTED PROSTHESIS**

- DENALI BRIDGE (ZIRCONIA)
  - CONVERSION DENTURE
  - PMMA
  - FINAL DENALI BRIDGE
- HYBRID DENTURE W/ TITANIUM BAR
  - CONVERSION DENTURE
  - FINAL DENTURE SETUP / FINISH
- LOCATOR SUPPORTED DENTURE

**SHADE: SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

*\*Please Note Terms on Back\**

**SPLINTS**

- REMOVABLE ORTHOTIC
- TALON
- DURAFLEX SNORE/BRUXING DUAL ARCH
- DURAFLEX NIGHT GUARD SINGLE ARCH

**SLEEP APPLIANCE**

- EMA DURAFLEX (FDA APPROVED)
- DURAFLEX SLEEP APPLIANCE (FDA APPROVED)

**REMOVABLE**

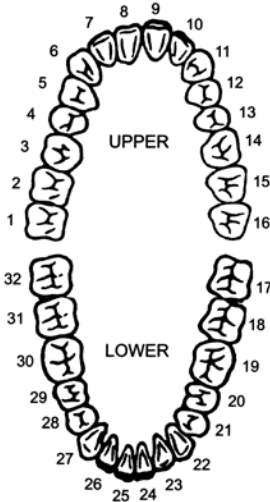
- DENTURE
  - PARTIAL
- SHADE \_\_\_\_\_

**TEETH**

- ECONOMY
- PREMIUM

**GUM SHADE**

- PINK
- DARK PINK
- DARK



**ITEMS RECEIVED**

_____ Base Model	_____ Matrix
_____ Bite	_____ Opposing Model
_____ Contact Model	_____ Partial
_____ Crowns	_____ Photos
_____ Diagnostic Wax Up	_____ Study Model
_____ Implant Parts	_____ Articulator
_____ Impression	_____ Other

Dr. Signature \_\_\_\_\_  
 License Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

TERMS: All accounts are payable within 30 days of date of statement. Accounts not paid within the stated terms will be subject to a finance charge of 1.8% of the unpaid balance. Rx must be enclosed with original case submission.