

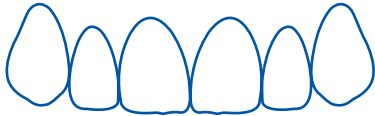
Ankeny (515) 964-1499 / Cedar Rapids (319) 298-9763

DOCTOR: _____ PHONE: _____

PATIENT: _____

DATE SENT: _____ WANTED: _____

PLEASE CALL DOCTOR BEFORE STARTING THIS CASE

SHADE INSTRUCTIONS	
SHADE #: _____	
OCCLUSAL STAINING	<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY
SURFACE TEXTURE	<input type="checkbox"/> SMOOTH <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY
LUSTER	<input type="checkbox"/> SHINY <input type="checkbox"/> MODERATE <input type="checkbox"/> DULL
PORCELAIN VENEERS <i>Please Provide the Following Information:</i>	
PURPOSE OF VENEER	<input type="checkbox"/> CHANGE COLOR <input type="checkbox"/> CORRECT MALALIGNMENT
	<input type="checkbox"/> CLOSE SPACE <input type="checkbox"/> INCREASE LENGTH _____ MM
	<input type="checkbox"/> SHADE OF PREPARED TEETH _____
SPECIFIC INSTRUCTIONS	

Rx
TOOTH
NUMBER

Instructions For Fillable PDF :

- 1) Download this file to your computer. Remember the name and location of the file.
- 2) Open the form in Adobe Acrobat Reader. To download Adobe Acrobat Reader for free, visit : <https://get.adobe.com/reader/otherversions/>
- 3) Fill out the form and save it to your computer.
- 4) Either print it and mail it to Studio 32 or upload it to :

<http://www.studio32dental.com/customerupload.html>

ENCLOSED WITH CASE
 Imp
 Bite
 Models
 Photos
 Other:

FIXED Rx

PRODUCT SELECTION

ZIRCONIA

- ZR32 ZIRCONIA (FULL CONTOUR ZIRCONIA)
 ZR32 ZIRCONIA (LAYERED)

ALL-CERAMIC

- IPS E.MAX® PRESS
 IPS EMPRESS® ESTHETIC
 FELDSPATHIC VENEERS

PFM ALLOYS

- NON-PRECIOUS
 SEMI-PRECIOUS (WHITE)
 SEMI-PRECIOUS (FLAT RATE \$149)
 HIGH NOBLE (GOLD)

FULL CAST ALLOYS

- SEMI-PRECIOUS (WHITE)
 52% GOLD
 62% GOLD
 ECONOMY NOBLE METAL

CERAMAGE ZIRCONIA SILICA

- INLAY, ONLAY
 PINK GUM

IMPLANTS

- STUDIO IMPLANT ABUTMENT
 ATLANTIS® CUSTOM ABUTMENT
 STRAUMANN ETKON CUSTOM ABUTMENT
 PARTS SUPPLIED by DOCTOR

IMPLANT SYSTEM: _____

MANUFACTURER: _____

CUSTOM STOCK

SIZES: _____

Specify implant brand, system and diameter on Rx

NOTE: PLEASE SEND A STUDY MODEL ON ALL WORKING INVOLVING ANTERIOR TEETH

(Cost of Collection of any Account will be paid by the Customer)

Signature: _____ D.D.S. License # _____

Please send more Rx Forms Send more boxes Other

CASE SPECIFICATIONS

BUCCAL MARGIN DESIGN

- HAIRLINE OR _____ MM ON BUCCAL
 METAL JUNCTION MARGIN*
 PORCELAIN BUTT MARGIN (90° SHOULDER REG.)
** Standard unless specified otherwise*

METAL DESIGN

-  COPING WITH FULL PORCELAIN COVERAGE
  METAL COPING WITH PORCELAIN COVERAGE*
  METAL OCCLUSAL EXCLUDING BUCCAL CUSP
  METAL OCCLUSAL INCLUDING BUCCAL CUSP

** Standard unless specified otherwise*

PONTIC DESIGN

-   *  

** Standard unless specified otherwise*

STAGES

- MTI/COPING
 BISQUE BAKE
 GLAZED POLISH

IF NO OCCLUSAL CLEARANCE

- METAL OCCLUSAL
 REDUCTION COPING
 SPOT OPPOSING

** Would you like this to be a permanent note in your master file YES NO*