

HIAWATHA, ANKENY, & DAVENPORT 319-298-9800 | MASON CITY 641-380-0362

DOCTOR: _____ PHONE: _____

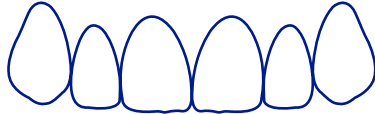
PATIENT: _____

DATE SENT: _____ WANTED: _____

PLEASE CALL DOCTOR BEFORE STARTING THIS CASE

SHADE INSTRUCTIONS

SHADE #: _____



OCCLUSAL STAINING NONE LIGHT MEDIUM HEAVY

SURFACE TEXTURE SMOOTH MODERATE HEAVY

LUSTER SHINY MODERATE DULL

PORCELAIN VENEERS *Please provide the following information:*

PURPOSE OF VENEER CHANGE COLOR CORRECT MALALIGNMENT
 CLOSE SPACE INCREASE LENGTH _____ MM
 SHADE OF PREPARED TEETH _____

SPECIFIC INSTRUCTIONS

R_x
TOOTH
NUMBER

ENCLOSED WITH CASE

- Imp
- Bite
- Models
- Photos
- Other:

FIXED Rx

PRODUCT SELECTION

ZIRCONIA

- ZR32 ZIRCONIA (FULL CONTOUR ZIRCONIA)
- ZR32 ZIRCONIA (LAYERED)
- ZR HT ZIRCONIA (FULL CONTOUR HIGH TRANSLUCENT ZIRCONIA)

ALL-CERAMIC

- LITHIUM DISILICATE

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



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*

NOTE: PLEASE SEND A STUDY MODEL ON ALL WORK 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