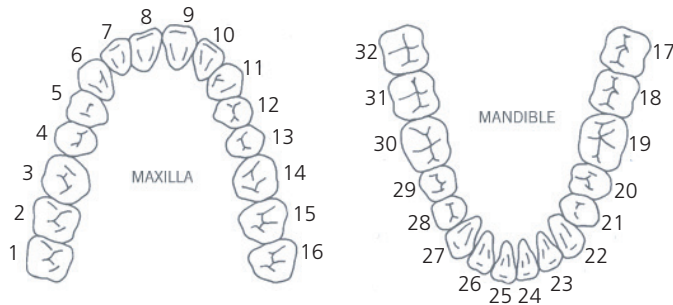


Rx DATE	DUE DATE
DOCTOR'S NAME	PHONE NUMBER
DOCTOR'S ADDRESS	
M / F	
PATIENT NAME	SEX

TEETH NUMBERS:

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

DESIGN YOUR CASE HERE



ALL CERAMIC

IPS e.max Lithium Disilicate



- Crown
- Bridge
- Veneer
- Full Contour (Stain/Glaze)
- Layered (Premium)

Zirconia



- Crown
- Bridge
- Full Contour (Stain/Glaze)
- Layered (Premium)

IMPLANT

- Screw-retained
- Hybrid Abutment
- Cement-retained

SHADING CHART

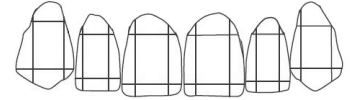
Shade of Prepared Teeth:	Shade Desired:
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Value:

- High (Bright)
- Medium
- Low

Occlusal Stain:

- None
- Light
- Medium
- Heavy



REMOVABLE

Cast Partials:

- Free Survey/Design
- Casting Try-In
- Set-up/Try-in
- Biteblock
- Processing Saddles
- Add a Clasp

Denture:

- Custom Tray
- Biteblock
- Repair
- Soft Liner
- Bruxi-Splint
- Set-up
- Reline
- Rebase
- Soft Liner
- Flexible

Type of Teeth:

- Premium
- Economy
- Other

Acrylic:

- Regular
- Flexible Partial

Finish:

- IvoBase
- Smooth
- Characterized

Shade: Anterior _____ Posterior _____

Gingival Shade: _____

PFM

PFM

- PFM (NP)
- PFM (S/P)
- PFG High Noble Yellow
- PFM High Noble White

Full Cast Alloy

- Yellow Palladium Silver
- High Noble Yellow
- Noble

Try-In: Framework Bisque

PONTIC DESIGN



NOTES

DR. SIGNATURE: _____

LICENSE #: _____

PLEASE SEND: RX BOXES

