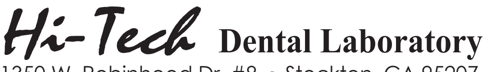

1350 W. Robinhood Dr. #8 • Stockton, CA 95207
Tel : (209) 477-7705

PAN #

Doctor ______________________ Phone # : ____________
PLEASE PRINT CLEARLY

Patient ______________________ Sex : ☐ M ☐ F Age ______

Date : ______________ ***Due Date :*** __ __ / __ __ / __ __
* Please do not schedule patient on due date

RESTORATION TYPE
- ☐ PFM ☐ All Ceramic
- ☐ FMC ☐ Cast Post
- ☐ Diagnostic Wax-Up

ALLOY TYPE
- ☐ Non-Precious ☐ White Gold
- ☐ Semi-Precious ☐ Yellow Gold

ALL CERAMIC TYPE
- ☐ IPS E.Max ☐ BruxZir
- ☐ Full Contour Zirconia
- ☐ Porcelain Fused to Zirconia

CUSTOM IMPLANT ABUTMENT
- ☐ Titanium ☐ Zirconia
- ☐ Prepare Existing Abutment

FACIAL MARGIN DESIGN
- ☐ Porcelain Butt Margin
- ☐ Porcelain Junction Margin
- ☐ Metal Margin ______ mm

METAL DESIGN
☐ ☐ ☐ ☐ ☐ ☐ ☐

PONTIC DESIGN
☐ ☐ ☐ ☐ ☐

IF INSUFFICIENT ROOM
- ☐ Metal Occlusal / Lingual
- ☐ Adjust Opposing
- ☐ Reduction Coping

TRY-IN
- ☐ Die-Trim
- ☐ Frame Work
- ☐ Bisque Bake

SHADE
- ☐ Incisal Translucency
- ☐ Occlusal Stain

____

UPPER: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 — RIGHT / LEFT

LOWER: 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 — LEFT / RIGHT

Rx **SPECIFIC INSTRUCTION**

Signature : ______________________ License No. : ____________

TERMS : NET 30 DAYS. 2% SERVICE CHARGE OVER 30 DAYS. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER.