

Doctor _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Patient _____

220 Willow Crossing Road
 Greensburg, PA 15601
 Toll Free: 1-866-446-7749
 T: 724-216-5278 • F: 724-205-6454
 Email: _____

Case # _____
 Rcv'd Date _____
 Due Date _____
 Age _____ Sex _____ M _____ F _____

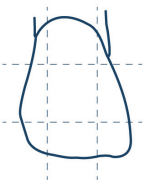
FIXED RESTORATIONS (Please)

Domestic International

Porcelain To Metal	Metal Free All Ceramic	Full Cast
PFM - Non Precious PFM - Nickel Free NP PFM - Noble Semi Prec. PFM - High Noble White PFM - High Noble Gold	Full Contour Zirconia Anterior Zirconia Porc. Layered to Zirconia E.Max	Non-Precious Semi-Precious White Semi-Precious Yellow High Noble Yellow

Shade

Shade _____



Stump
Shade _____

Office Use Only

Pour _____

Ditch _____

Wax _____

Fit _____

Opaque _____

Bake _____

Contour _____

QC _____

Set-up _____

Finish _____

Metal Design

No Collar

Lingual Collar _____ mm

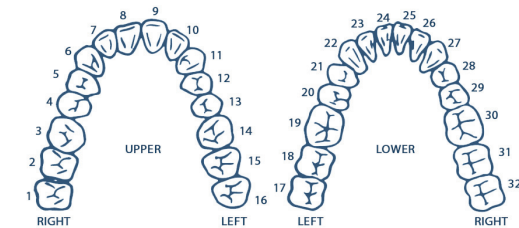
Full Metal Band _____ mm

Metal Occl.
Excluding Buccal Cusp.

Metal Occl.
Including Buccal Cusp.

Metal Lingual

Porcelain Butt Margin
(Shoulder Prep Required)



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

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

REMOVABLE RESTORATIONS (Please)

Dentures	Metal Partials	Specialty Partials								
Custom Tray Base Plate/Wax Rim Combo Tray w/ Wax Rim Economy Denture Deluxe Denture Premium Denture Transitional Denture Immediate Denture Denture Set-Up Denture Finish	Partial Framework Frame Try-In Bite Block Wax Try-In with Teeth Finish	Acrylic Partial Flipper Acrylic Partial w/ Clasp Unilateral (NESBIT) Metal / Acrylic								
	Flexible Partials	Shade								
	Valplast™ FRS™ Set-Up Finish	<table border="0"> <tr> <td>Acrylic</td> <td>Flexible</td> </tr> <tr> <td>Deluxe</td> <td>Pink</td> </tr> <tr> <td>Economy</td> <td>Meharry</td> </tr> <tr> <td>Dark</td> <td></td> </tr> </table>	Acrylic	Flexible	Deluxe	Pink	Economy	Meharry	Dark	
Acrylic	Flexible									
Deluxe	Pink									
Economy	Meharry									
Dark										

Repairs / Relines	Office Use Only
<i>Relines</i> Hard _____ Soft _____ <i>Repairs</i> Tooth _____ Fractures _____ Clasp _____	Scan _____ Mill _____ Scanner _____ Material _____ Design _____ Shade _____ QC _____

Rx Specific Instructions:

Please send: RX Forms _____ Mailing Boxes _____ Other _____

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____ Sent Date _____

License Number _____ State _____