



IMAGE

— DENTAL ARTS —



38 Garfield Street, Asheville, NC 28803

FIXED PROSTHETICS

Impression Date: _____

Doctor (Print)

Appointment Date _____

(First)

(Last)

Time _____

Patient (Print)

Age _____

Sex

 M F

(First)

(Last)

PFM ALLOY SELECTION		FULL CAST C & B ALLOY	
PORCELAIN ALLOY		Yellow / High Noble <input type="checkbox"/> White / Noble <input type="checkbox"/>	
Base / Non Precious <input type="checkbox"/>		White / High Noble <input type="checkbox"/> White / Non Precious <input type="checkbox"/>	
White / Noble <input type="checkbox"/>		Yellow / Noble <input type="checkbox"/>	
White / High Noble <input type="checkbox"/>		PONTIC DESIGN	
Yellow / High Noble <input type="checkbox"/>		**Attachments Available**	
Porcelain Butt Margin <input type="checkbox"/>			Bredent <input type="checkbox"/>
Metal Occlusal <input type="checkbox"/>			ERA <input type="checkbox"/>
Buccal Collar _____mm <input type="checkbox"/>			Hadar <input type="checkbox"/>
Full Lingual Collar <input type="checkbox"/>			Locator <input type="checkbox"/>
DL Collar <input type="checkbox"/>		EMAX ALL CERAMICS	
No Collar <input type="checkbox"/>		(PLEASE INCLUDE PREP SHADE)	
		Preparation Shade:	
		<input type="checkbox"/> EMAX EMPRESS (LAYERED, STAINED) BONDED	<input type="checkbox"/> ND1 <input type="checkbox"/> ND2 <input type="checkbox"/> ND3
		<input type="checkbox"/> EMAX (LITHIUM DISILICATE)	<input type="checkbox"/> ND4 <input type="checkbox"/> ND5 <input type="checkbox"/> ND6
		<input type="checkbox"/> EMAX (ZIRCONIA SUBSTRUCTURE) (LAVA)	<input type="checkbox"/> ND7 <input type="checkbox"/> ND8 <input type="checkbox"/> ND9
		<input type="checkbox"/> BRUXZI (FULL CONTOUR ZIRCONIA)	
		<input type="checkbox"/> BRUXZI ULTIMATE	
SHADE INSTRUCTIONS		CUSTOM TEMPORARIES	
SHADE NO. _____		IMAGE TEMP <input type="checkbox"/>	
		COMPOSITES	
OCCLUSAL STAINING		DIAMOND CROWN™ <input type="checkbox"/>	
<input type="checkbox"/> NONE	<input type="checkbox"/> LIGHT	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> DARK
		IMPLANT INFORMATION	
		Implant System Used _____	
		Implant Size _____ MM	
SPECIFIC INSTRUCTIONS:			



Doctor's Signature _____

License No. _____

Phone: (828) 225-3812

(800) 547-0327

PLEASE SEND:

PRESCRIPTIONS

LABELS

SHIPPING BOXES

BAGS

Fax: (828) 225-3809