



IMAGE

— DENTAL ARTS —



38 Garfield Street, Asheville, NC 28803

FIXED PROSTHETICS

Impression Date: _____ Practice Name (Print) _____

Appointment Date: _____ Doctor (Print) _____

Time _____ / _____

Age _____ Sex M F (First) / (Last)

Patient (Print) _____

(First) / (Last)

PFM ALLOY SELECTION		FULL CAST C & B ALLOY	
PORCELAIN ALLOY		Yellow / High Noble <input type="checkbox"/> White / Noble <input type="checkbox"/> White / High Noble <input type="checkbox"/> White / Non Precious <input type="checkbox"/> Yellow / Noble <input type="checkbox"/>	
Base / Non Precious <input type="checkbox"/>		PONTIC DESIGN	
White / Noble <input type="checkbox"/>		**Attachments Available**	
White / High Noble <input type="checkbox"/>		Bredent <input type="checkbox"/>	
Yellow / High Noble <input type="checkbox"/>		ERA <input type="checkbox"/>	
Porcelain Butt Margin <input type="checkbox"/>		Hadar <input type="checkbox"/>	
Metal Occlusal <input type="checkbox"/>		Locator <input type="checkbox"/>	
Buccal Collar _____ mm <input type="checkbox"/>		IF NO OCCLUSAL CLEARANCE	
Full Lingual Collar <input type="checkbox"/>		<input type="checkbox"/> Call doctor <input type="checkbox"/> Spot opposing <input type="checkbox"/> Metal occlusion <input type="checkbox"/> Reduction coping <input type="checkbox"/> Metal island <input type="checkbox"/> Make this a permanent note in my master file	
DL Collar <input type="checkbox"/>		EMAX ALL CERAMICS	
No Collar <input type="checkbox"/>		(PLEASE INCLUDE PREP SHADE)	
		Preparation Shade:	
		<input type="checkbox"/> LITHIUM DISILICATE (EMAX/LISI PRESS) <input type="checkbox"/> ND1 <input type="checkbox"/> ND2 <input type="checkbox"/> ND3 <input type="checkbox"/> PFZ (PORCELAIN LAYERED TO ZIRCONIA) <input type="checkbox"/> BRUXZI (FULL CONTOUR HIGH STRENGTH ZIRCONIA) <input type="checkbox"/> ND4 <input type="checkbox"/> ND5 <input type="checkbox"/> ND6 <input type="checkbox"/> BRUXZI ULTIMATE (FULL CONTOUR SUPER TRANSLUCENT ZIRCONIA) <input type="checkbox"/> ND7 <input type="checkbox"/> ND8 <input type="checkbox"/> ND9	
SHADE INSTRUCTIONS		CUSTOM TEMPORARIES	
SHADE NO. _____		IMAGE TEMP <input type="checkbox"/>	
		IMPLANT INFORMATION	
OCCLUSAL STAINING		Implant System Used _____	
<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK		Implant Size _____ MM	
SPECIFIC INSTRUCTIONS:			
<div style="text-align: center; font-size: 2em; opacity: 0.5;"> </div>			
Doctor's Signature _____		License No. _____	
PLEASE SEND: _____		Phone: (828) 225-3812 (800) 547-0327 Fax: (828) 225-3809	
PRESCRIPTIONS	LABELS	SHIPPING BOXES	BAGS