

(FOR LAB USE ONLY)

Due Date _____

Pan # _____

DENTAL OFFICE : _____

DR. NAME : _____

PATIENT NAME : _____



5345 Towne Square Dr, Ste 105, Plano TX 75024

972-943-5858 | 844-943-5858 (Toll Free) | 469-404-0104 (Call + Text)

esdentaldallas@gmail.com

(FOR LAB USE ONLY)

Received Date _____

CROWN & BRIDGE

- PFM
 - 75% Gold Semi-Precious
 - 40% Gold Non-Precious
- Full Metal Crown
 - 75% Gold Semi-Precious
 - 40% Gold Non-Precious
- Esthetic Zirconia Veneer (e.max)
- Porcelain Layered Zirconia Diagnostic Wax Up
- Full Zirconia Temporary Crown

IMPLANT (CROWN)

- Cement Retain Screw Retain

CUSTOM ABUTMENT

- Titanium Zirconia

POST

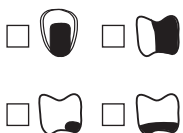
- 75% Gold Semi-Precious
- 40% Gold Non-Precious

TOOTH

PREFERENCES

- | | |
|---------------------------------|---------------------------------|
| Interproximal Contact | Occlusal Contact |
| <input type="checkbox"/> Light | <input type="checkbox"/> Light |
| <input type="checkbox"/> Medium | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Heavy | <input type="checkbox"/> Heavy |

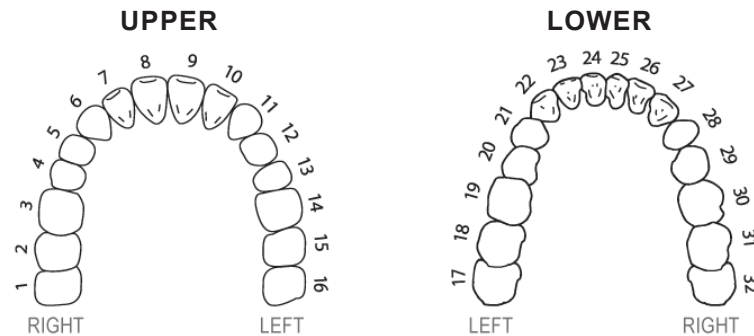
METAL DESIGN



OPTIONS

- Porcelain Margin
- 360 °Porcelain Margin
- Rest Seat
- Guide Plane

SPECIAL INSTRUCTIONS



SHADE STAIN GUM SHADE



Option: If you need name in denture, please PRINT name CLEARLY in box below:

SIGNATURE OF DENTIST

DENTIST LICENSE #

The submission of this form by the client indicates that client has read and agrees to the terms and conditions contained on the reverse side of this document. Furthermore, the client accepts sole responsibility for payment and agrees to pay any collection costs incurred in the collection of a delinquent account, as well as all legal and collection costs in the event of suit, including any reasonable attorney fees.

Please allow 11 working days (Mon-Fri), counting from the day you shipped.

Rush? Yes
(Additional fee applies.)

REMOVABLE

FULL DENTURE (STANDARD)

- Complete - One Stage
- Teeth Set Wax Try-in
- Try-in to Finish

ACRYLIC PARTIAL

- Complete - One Stage
- Teeth Set Wax Try-in
- Try-in to Finish

FLEXIBLE PARTIAL TCS iFlex Valplast

- Complete - One Stage
- Teeth Set Wax Try-in
- Try-in to Finish

FLIPPER (ACRYLIC)

- * Up to 2 teeth; No metal; No clasp
- Complete - One Stage

METAL FRAME OPTION

- Metal Frame Ni Free Vitallium 2000

- Custom Tray
- Base Plate & Bite Rim
- Night Guard
- Soft Hard Soft/Hard

OTHER

- Repair
- Re-line
- Add Tooth

ORTHODONTIC

RETAINER

- With Wire Space Maintainer
- Without Wire

ENCLOSED

Impression		Base Plate	
Bite Registration		Wax Try-in	
Upper Model		Denture	
Lower Model		Crown	
Study Model		Picture	