

2806 Ruffner Rd Ste 109A
Irondale, AL 35210

Dr/Practice: _____

Address: _____

Phone: _____

Schedule a Digital Preview for: _____

Patient Name: _____

RX Date: _____

(Check here) ☐ Please call before preceding with case. May modify due date.

Due Date _____ Add 10 working days from date case received.

(Check here) ☐ Redo (specify Reason): _____

(Check here) ☐ Previous Case # _____

OCCLUSION (Check preferences):

If No Clearance	Staining	Contact
☐ Reduction Coping	☐ Light	☐ 0.3 mm
☐ Spot Opposing	☐ Medium	☐ 0.5 mm
☐ Call Before Proceeding	☐ Dark	☐ Centric

Shade Type	Implant System
System _____	Brand _____
Shade _____	Size _____
☐ Match Enclosed Tab	Length _____

PROVISIONAL RESIN CROWN - IF NO OCCLUSAL CLEARANCE

(check preferences):

- ☐ Adjust Opposing
☐ Phone Call
☐ Reduction Coping
☐ Make this permanent preference:

PERMANENT RESIN CROWN - IF NO OCCLUSAL CLEARANCE

(check preferences):

- ☐ Adjust Opposing
☐ Phone Call
☐ Reduction Coping
☐ Make this permanent preference:

CUSTOM STAINING + CHARACTERIZATION

Gingival _____

Body _____

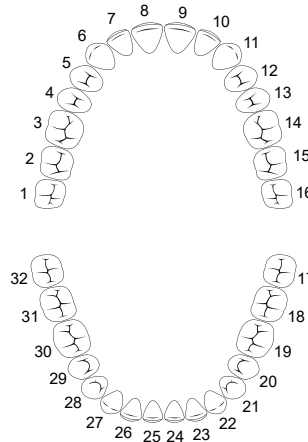
Incisal _____

Stump Shade _____



*Required for all anterior
pressed restorations.

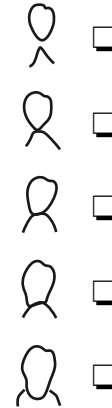
PERMANENT TEETH DIAGRAM



Doctor's Instructions:

Date Mailed: _____ Due Date: _____ Time: _____

PONTIC DESIGN



DENTURES

(check preferences):	BBlock	Tryin	Finish
☐ Upper	☐	☐	☐
☐ Lower	☐	☐	☐
☐ Immediate			
☐ Custom Tray			

REMOVABLE OPTIONS

Tissue Shade: ☐ Clear ☐ Light Pink ☐ Pink
☐ Med Meharry ☐ Dk Meharry

DX MODELS (check preference):

☐ Maxillary ☐ Mandibular ☐ Bite ☐ Mount

NIGHT GUARDS (Check preferences):

☐ Maxillary Mouth Guard ☐ Hard ☐ Soft
☐ Mandibular Mouth Guard ☐ Hard ☐ Soft

MOUTHGUARDS (Check preferences):

☐ Mandibular Athletic Mouth Guard ☐ Hard ☐ Soft
☐ Maxillary Athletic Mouth Guard ☐ Hard ☐ Soft
☐ Clear ☐ Color _____

Dr. Signature: _____

Client agrees to all terms & conditions specified on reverse of form.

License #: _____

*Comments: _____

*Additional Fees may apply.

Enclosures:

Photos ☐ Impression ☐ Models ☐ Bite Other: _____

Shipping: ☐ Standard ☐ 2nd Day ☐ Next Day