



Seat Date

DATE _____

TIME _____

Doctor Information

First _____

Last _____

Practice _____

Office Phone _____

Patient Information

First _____ Last _____

Photos Sent to Lab

Digital scan was also sent for this case

Circle Tooth Number(s) _____ Final Shade _____

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

Design Specifications

Gender Male Female Age _____ Prep Shade _____

Ideal Contact Broad Contact

Ridge Lap
 Modified Ridge Lap
 Stein
 Sanitary
 Ovate

Choose Material

Functional Zirconia (extra strength) Polish only-no glaze

Aesthetic Zirconia (exquisite)

LiSi Press® ENCORE® • Layered Premium Aesthetics

IPS e.Max® • Press

Full Cast Noble (yellow noble)

Full Cast High Noble (yellow high noble)

Diagnostic Wax-up Hand-waxed Digital/printed

Reduction Guide Clear (suck-down) Putty Key Index

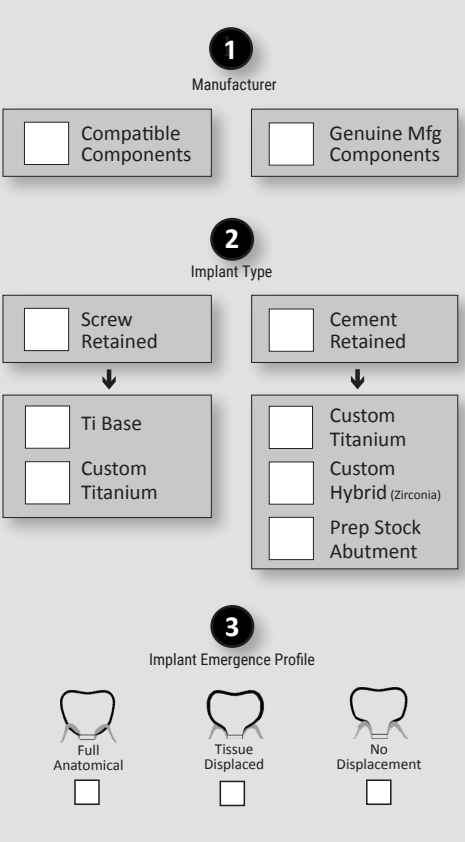
Provisional (PMMA) Essix Retainer

Sleep Appliance (EMA®) Clear Aligners Go to: epicdentalstudios/clear-aligner-rx

Upper Night Guard Lower Night Guard

Hard Hard/Soft Soft

Implant Decision Tree



SPECIAL INSTRUCTIONS

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SIGNATURE _____ DATE _____

TERMS
All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. status and a late charge of 2% of the unpaid balance. Cost of collection of any account will be paid by the customer, including any attorney fees. Prices subject to change without notice. Rx must be enclosed with original case submission.