

DOCTOR: ADDRESS: PATIENT:	EMAIL:	
AGE: SEX:	DUE DATE:	<b>Q RUSH \$40</b> /UNIT
FIXED RESTORATIONS	REMOVABLE RESTORATIONS	SLEEP APPLIANCES
CERAMIC RESTORATIONS    Emax Crown	UPPER  LOWER  FULL DENTURE  Economy Denture  Premium Denture  Ivocap Premium  FLEXIBLE PARTIALS  Snow Rock  Valplast®  Custom Tray  Baseplate/Bite Block  Set-Up for Try-In  Process & Finish  One Step Complete  ACRYLIC SHADE  Light  Light  Medium  Medium	NOTES  OPTIONS  UPPER  Hard Nightguard  SoftNightguard  SoftNightguard  MOUTHGUARD/BITE SPLINT  OPTIONS  UPPER  LOWER
TOOTH#*Metal charges may apply	IF NO OCCLUSAL CLEARANCE  □ Metal Occlusion □ Trim Opposing □ Reduction Coping □ Call Doctor	PONTIC DESIGN Q Q Q
IMPLANT TYPE:	Rx SPECIFIC INSTRUCTIONS  TOOTH SHADE:  SIGNATURE:	BATE: LICENSE: