



Dr: _____

Address: _____

Patient: _____ M/F: _____

2810 Premiere Parkway, Suite 350
Duluth, Georgia 30097
(470)-222-2902

15757 N. 78th Street, Suite C
Scottsdale, Arizona 85260
(833)-674-3232

Phone: _____

Email: _____

Delivery by 5pm: ____ / ____ / ____ (10 in-lab days)

REMOVABLE

☐ Upper

☐ Lower

DENTURES

- ☐ Standard Full Denture
☐ Premium Full Denture

STAGE

- ☐ Frame Try-In
☐ Wax Rim
☐ Set-Up for Try-In
☐ Process & Finish
☐ Complete
☐ Custom Tray

PARTIAL

- ☐ Cast Metal RPD
☐ Valpast RPD
☐ Acrylic (temp) RPD
☐ Snow Rock

ACRYLIC SHADE



IMMEDIATE DENTURE / PARTIAL EXT.

Teeth to Extract: _____

REPAIRS

Type: _____

NIGHT GUARDS

- ☐ Hard/Soft Combo ☐ Hard Night Guard
☐ Soft Night Guard



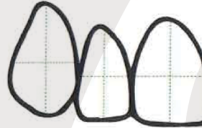
Integrity Dental Services needs to contact me before starting the case.



Rush Case (additional Fees may vary)

CROWN & BRIDGE

SHADE DESIGN:



SHADE



ALL CERAMIC RESTORATIONS

- ☐ Full Contour Zirconia
☐ 3D Zirconia
☐ Layered Zirconia
☐ Lithium Disilicate

IMPLANT RESTORATIONS

- ☐ Custom Titanium Abutment
☐ Custom Zirconia Abutment
☐ Encode Abutment and Zirconia Crown
☐ Custom Milled Temporary
☐ Screw Retained ☐ Cement Retained

FULL CAST C&B

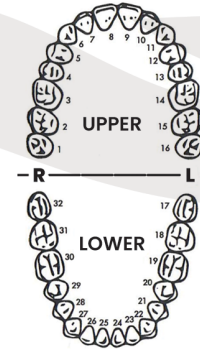
- ☐ Non-Precious ☐ Yellow Gold 40%
☐ White Noble ☐ Yellow Gold 50%
☐ White High Noble ☐ Yellow Gold 60%
☐ Post & Core (Metal: _____)

Tooth # _____

PFM CROWN & BRIDGE

- ☐ Non-Precious ☐ High Noble
☐ Noble

TOOTH #'S



Notes: _____

OCCUSION

☐ In Occlusion ☐ Light ☐ Out

PONTIC DESIGN



IF NO OCCUSION CLEARANCE

- ☐ Metal Occlusion ☐ Adjust Opposing
☐ Reduction Coping ☐ Call for Reprep

Signature: _____

License #: _____

