



Dr./Clinic: _____

Address: _____

Patient: _____ M/F: _____

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

Phone: _____

Email: _____

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

REMOVABLE

☐ Upper

☐ Lower

DENTURES

- ☐ Standard Full Denture
- ☐ Premium Full Denture
- ☐ Milled
- ☐ 3D Printed

STAGE

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

IMMEDIATE DENTURE / PARTIAL RPD

Teeth to Extract: _____

REPAIRS

Type: _____

NIGHT GUARDS

- ☐ Hard/Soft Combo
- ☐ Hard Night Guard
- ☐ 3D Printed Hard
- ☐ Soft Night Guard

Notes: _____



Please Call for Rush Services
(833)-674-3232

CROWN & BRIDGE

ALL CERAMIC RESTORATIONS

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

IMPLANT RESTORATIONS

☐ Screw Retained ☐ Cement Retained

- ☐ Custom Straumann Abutment
- ☐ Straumann Variobase - FCZ Crown
- ☐ Custom Neodent Abutment
- ☐ Neodent Tibase - FCZ Crown
- ☐ Custom Titanium Abutment
- ☐ Encode Abutment and Zirconia Crown
- ☐ Custom Milled Temporary
- ☐ other: _____

FULL CAST C&B

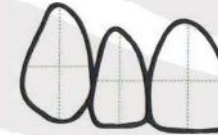
- ☐ Non-Precious ☐ Yellow Gold 40%
- ☐ White Noble ☐ Yellow Gold 50%
- ☐ White High Noble ☐ Yellow Gold 60%
- ☐ Post & Core (Metal: _____)

Tooth #: _____

PFM CROWN & BRIDGE

- ☐ Non-Precious ☐ High Noble
- ☐ Semi-Precious

SHADE DESIGN:



SHADE



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 #: _____



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