

Rx DATE \_\_\_\_\_ DELIVER BY 5:00PM ON \_\_\_\_\_

DOCTOR'S NAME (PLEASE PRINT) \_\_\_\_\_

DOCTOR'S ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PATIENT'S NAME (Last Name, First Name) \_\_\_\_\_ Sex \_\_\_\_\_ AGE \_\_\_\_\_

**TEETH NUMBERS**

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

**PHOTOS INCLUDED:**  UPLOADED ONLINE  NO

**IF INSUFFICIENT ROOM:**  
 Please Call  Reduction Coping  Reduce & Mark

**FABRICATION PURPOSE:**  Correct Malalignment  Close Spaces  
 Increase Length  Color Change

**SURFACE TEXTURE:**  Smooth  Moderate  Heavy

**FIXED: METAL - FREE**

e.max  e.max Ultra  Capital Zi Esthetic™ (layered zirconia)  
 Complete Z™ (full-contour zirconia)  Complete Z Ultra™ (premium option)

**FIXED: METAL**

**PFM ALLOY:** (Circle Alloy Color)  High Noble **Yellow/White** (precious)  Noble (semi-precious)

**FULL CAST ALLOY:** (Circle Alloy Color)  High Noble **Yellow/White** (precious)  Noble **Yellow/White** (semi-precious)

**METAL DESIGN:**  
 BAND AT BUCCAL:  Hair Line  1 mm  2 mm  No metal exposed  
 BAND AT LINGUAL:  Hair Line  1 mm  2 mm  No metal exposed

**PONTIC DESIGN:**

Saddle Ridge Lap  Conical  Modified Ridge Lap  Ovate

**TRY-IN:**  Framework  Bisque

**BUTT JOINTS:**  180°  360°

## SHADING CHART

**Shade of Prepared Teeth:** \_\_\_\_\_ **Shade Desired:** \_\_\_\_\_  Anterior Expert Shade System® Photos Sent

**Value:**  
 High (bright)  Medium  Low

**Occlusal Stain:**  
 None  Light  Medium  Heavy

Hypo-Calcification  Posterior Occlusal Characterization

## REMOVABLES

**CAST PARTIALS:**  
 FREE Survey/Design  Casting Try-In  Acetal Clasp  Biteblock  Set-Up/Try-In  Flex Clasp (clear or pink)

**DENTURE:**  
 Custom Tray  Try-In  Reline  Bioform IPN  Biteblock  Finish  Rebase  BlueLine  Set-Up  Repair  Soft Liner  Portrait  Economy  Porcelain

Shade: Ant. \_\_\_\_\_ Post. \_\_\_\_\_  
 Mould: Ant. \_\_\_\_\_ Post. \_\_\_\_\_

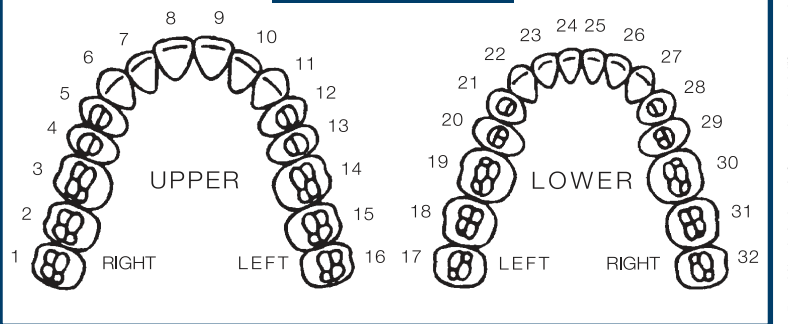
**ACRYLIC:**  Regular  Flexible Partial  SR-Ivocap

**FINISH:**  Smooth  Characterized

**NIGHTGUARDS:**  Intelliform™  SafeGuard™ Hard  SafeGuard™ Hard/Soft  Hard/Nightguard  Hard/Soft Nightguard

**ATHLETIC GUARDS:**  Multi-color (strap included)  Clear Vinyl

### DESIGN YOUR CASE HERE:



## CASE INSTRUCTIONS

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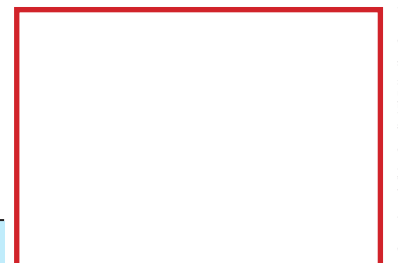
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**Known Patient Allergies:** \_\_\_\_\_

### FOR LAB USE ONLY:



Attention: \_\_\_\_\_  
 Call Me  Please evaluate my work  
 Please Send:  Rxs  Shipping labels  Boxes

I authorize the above procedure to be performed.

SIGNATURE OF DENTIST \_\_\_\_\_

License # \_\_\_\_\_

"By signing above, I have acknowledged my understanding that BonaDent's services are fee-based services, and agree to pay for these services. I agree to pay interest charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of 2% per month for any work performed pursuant to this prescription and I further agree to pay all of BonaDent's reasonable fees and collection costs in the event any amount due for work performed hereunder is referred for collection."