

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 M / F 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°

**CASE INSTRUCTIONS**

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

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

**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

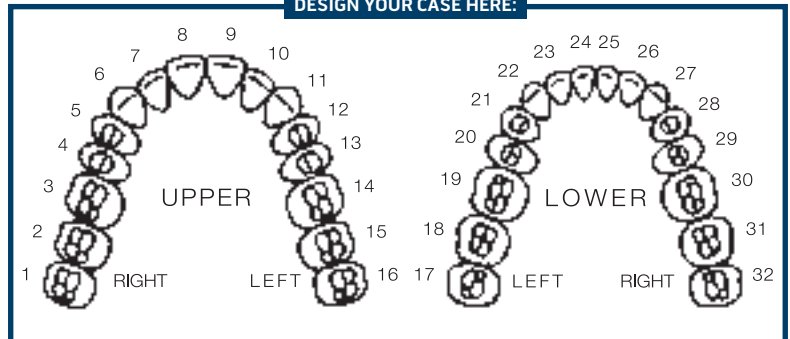
**TEETH:**

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

**ACRYLIC:**  Regular  Flexible Partial  SR-Ivocap  
**FINISH:**  Smooth  Characterized

**NIGHTGUARDS:**  Intelliform™  SafeGuard™ Hard  SafeGuard™ Hard/Soft  Hard/Soft Nightguard  
**ATHLETIC GUARDS:**  Multi-color (strap included)  Clear Vinyl

**DESIGN YOUR CASE HERE:**



**FOR LAB USE ONLY:**

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."