bonadent DENTAL LABORATORIES

ANTERIOR & COMPLEX CASE SPECIALISTS™

Seneca Falls, NY ▸ 800.732.6222
Greenville, SC ▸ 877.896.5227
Melbourne, FL ▸ 800.537.8614
Bonita Springs, FL ▸ 844.228.2378

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) _____ M/F 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

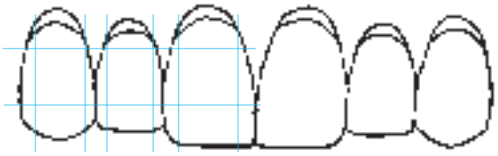
TRY-IN: ☐ Framework ☐ Bisque

PORCELAIN MARGIN: ☐ 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
☐ Biteblock ☐ Finish ☐ Rebase
☐ Set-Up ☐ Repair ☐ Soft Liner

TEETH:
☐ Esthetic: BlueLine DCL
☐ Premium: Delara
☐ Economy

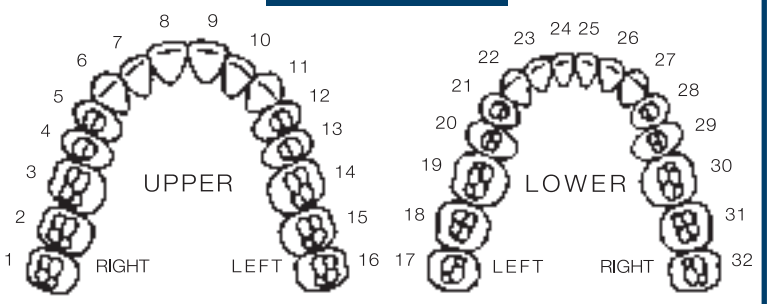
Shade: Ant. _____ Post. _____
Mould: Ant. _____ Post. _____

ACRYLIC: ☐ Regular ☐ Flexible Partial ☐ SR-Ivocap
FINISH: ☐ Injected ☐ Heat Processed ☐ Poured
CHARACTERIZATION: ☐ Smooth ☐ Characterized

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

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

DESIGN YOUR CASE HERE:



CASE INSTRUCTIONS

FOR LAB USE ONLY:

Known Patient Allergies: _____

I authorize the above procedure to be performed.

☐ **Attention:** _____
☐ **Call Me** ☐ **Please evaluate my work**
☐ **Please Send:** ☐ Rxs ☐ Shipping labels ☐ Boxes

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."

Custom Made Dental Devices. Florida Registration Number DL53
NY FDA registration # 3009659896 South Carolina License #538
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