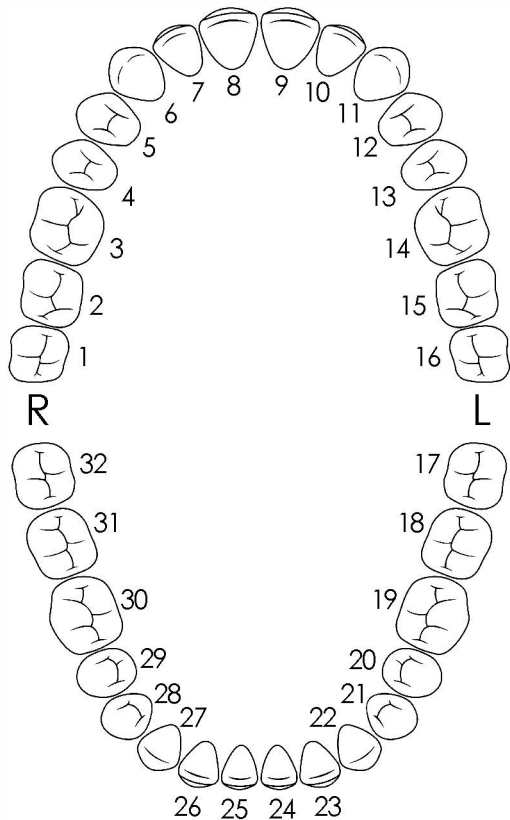




Salem, OR 97302

503-212-9300 | info@hd3dlab.com



Signature _____

License _____ Date _____

Dr. Name _____ Phone # _____

Address/Email _____ Deliver by 5pm on _____

Patient Name _____ Digital Impression? Yes No

Enclosed with Case: Impressions Bite Models Photos Other _____

<p>FINAL SHADE _____</p> <p>STUMP SHADE _____ <small>Required for all-ceramics</small></p> <p>OCCUSAL STAINING</p> <p><input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> Dark</p> <p>PONTIC DESIGN</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>ZIRCONIA / ALL-CERAMIC</p> <p>Suprinity Esthetic <input type="checkbox"/> Crown <input type="checkbox"/> Bridge Zirconia Full-Strength <input type="checkbox"/> Crown <input type="checkbox"/> Bridge</p> <p>Provisional Restorations</p> <p><input type="checkbox"/> Shell temporaries</p> <p>Abutment #(s) _____</p> <p>Pontic(s) _____ Total Units _____</p> <p>Amount of prep reduction</p> <p><input type="checkbox"/> 1mm <input type="checkbox"/> 2mm</p>	<p>ACRYLLIC SERVICES</p> <p><input type="checkbox"/> CAD/CAM Denture <input type="checkbox"/> Maxillary <input type="checkbox"/> Mandibular</p> <p><input type="checkbox"/> Flipper tooth #s _____</p> <p><input type="checkbox"/> Custom Trays <input type="checkbox"/> Baseplates & Wax Rims <input type="checkbox"/> Wax try-in</p>
<p>Rx</p> <p>Implant System _____</p> <p>Implant Diameter _____</p> <p>Tooth/Teeth #s & Instructions</p> <p># _____</p> <p># _____</p> <p># _____</p> <p># _____</p> <p># _____</p> <p>Notes:</p>	<p>IMPLANT PRODUCTS</p> <p><input type="checkbox"/> Zirconia Implant Crown <input type="checkbox"/> Suprinity Implant Crown <input type="checkbox"/> Screw Retained <input type="checkbox"/> Cement Retained <input type="checkbox"/> Zirconia Implant Bridge <input type="checkbox"/> Over Stock Abutment <input type="checkbox"/> Over Custom Abutment <input type="checkbox"/> Full Arch Implant Prosthesis # of Implants _____</p>	<p>SPLINT MATERIALS</p> <p><input type="checkbox"/> Bite Splint 3D Printed, Hard <input type="checkbox"/> Bite Splint 3D Printed, Flexible <input type="checkbox"/> Athletic Mouthguard specify color _____</p> <p><input type="checkbox"/> Whitening Tray per arch <input type="checkbox"/> Whitening Tray Set # of sets _____</p>
	<p>OTHER SERVICES</p> <p><input type="checkbox"/> Digitally Scan Model <input type="checkbox"/> Print Digitally Scanned Model <input type="checkbox"/> Printed model with Die #of units _____ <input type="checkbox"/> Rush Case (Must call to pre-arrange)</p>	<p><input type="checkbox"/> Clear Retainer per arch <input type="checkbox"/> Clear Retainer set # of sets _____</p> <p><input type="checkbox"/> Clear Retainer w/ pontic # _____</p>