



DR/OFFICE NAME: _____ PATIENT'S NAME: _____

ADDRESS: _____

DUE DATE: _____ TODAY'S DATE: _____ PHONE #: _____

(Please Allow 8 Business Days + Pickup & Delivery From Today's Date)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	SINGLE	BRIDGE
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	FEMALE	MALE

ZIRCONIA RESTORATION

- BruxZir POSTERIOR
- BruxZir ANTERIOR
- PORCELAIN FUSED TO ZIRCONIA (PFZ)
- BruxZir INLAY/ONLAY

ALL PORCELAIN RESTORATION

- IPS e.max CROWN
- IPS e.max VENEER
- IPS e.max INLAY/ONLAY

PORCELAIN FUSED TO METAL (PFM)

- NON-PRECIOUS
- SEMI-PRECIOUS
- HIGH NOBLE

PROVISIONAL RESTORATION

- ACRYLIC TEMPS CAD/CAM TEMPS
- REINFORCEMENT: WIRE
- ABUTMENT #: _____
- PONTICS #: _____ TOTAL UNITS: _____
- AMOUNT OF PREP REDUCTION: 1m.m 2m.m

PREFERENCES

- OCCLUSAL CONTACTS: Light Medium Heavy
- INTERPROXIMAL CONTACTS: Light Medium Heavy
- MARGINS: Standard Metal Porcelain Disappearing

FOR RUSH CASES PLEASE CALL US AT: 954-900-1357
FOR BETTER RESULTS SEND PHOTOS TO: info@Vitalabusa.com

IMPLANT RESTORATION

- Screwed Cemented

- BruxZir FULL ZIRCONIA PFM SEMI-PRECIOUS
- PORCELAIN FUSED TO ZIRCONIA (PFZ) IPS e.max
- PFM NON-PRECIOUS HIGH NOBLE
- IMPLANT ANALOG

CAD/CAM CUSTOM ABUTMENTS

- CUSTOM TITANIUM ABUTMENT
- CUSTOM ZIRCONIA ABUTMENT

ENCLOSED WITH CASE

- IMPRESSION MODELS
- BITE PHOTOS
- OTHER _____

REMOVABLES

- Upper Lower

- FULL DENTURE CUSTOM TRAY
- ACRYLIC PARTIAL BITE BLOCK
- FLEXI PARTIAL SETUP TEETH TRY-IN
- CAST METAL FRAMEWORK PROCESS TO FINISH
- DENTURE REPAIR RELINE/REBASE

FLIPPER/NESBIT

- Upper Lower

- TCS (FLEXI) NESBIT ACRYLIC FLIPPER
- TEETH #: _____ (up to 3 Teeth)

NIGHTGUARD

- Upper Lower

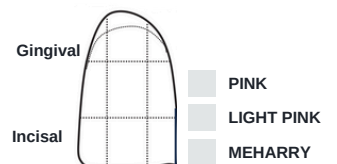
- SOFT INSIDE HARD OUTSIDE ESSix RETAINER
- HARD BLEACHING TRAYS
- SOFT SPORT GUARD

IF NOT ENOUGH OCCLUSAL CLEARANCE

- NOTIFY DOCTOR ADJUST OPPOSING & MARK IN RED
- MAKE METAL OCCLUSION ADJUST TOOTH & MAKE REDUCTION COPING

SPECIAL INSTRUCTIONS:

SHADE: _____



DR'S SIGNATURE: _____ LICENSE #: _____

