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 Phone **804-267-1988** Fax **804-267-1999**

Today's Date _____

DATE DUE

TIME DUE

Patient _____ M__ F__ Age _____

Dr. _____

License No. _____ Phone No. _____

Address _____

Implant Abutment

Ceramic Custom
 Custom w/TI Inset Stock

Emergence Profile **Margin Depth**

Pontics (circle preference)

Buccal Margin Design

Supported Margin Hairline Metal Margin
 Porcelain Butt Margin ____mm of Margin

Dentures / Flexible Partials

Attachment Gasket Try-in Setup
 Denture VDL Band Process/Finish
 Duplicate Denture Flipper/Acrylic Partial
 ThermoFlex Clasp TCS Unbreakable Partial
 Custom Tray with Holes TCS Unbreakable/Metal Combo
 Custom Tray without Holes Bite Rim
 Processed Base Implant

Name in Appliance _____

Set Up: Ideal Lingualized Characterized

Teeth: Premium Standard Value

Vitallium 2000 Plus Cast Partials

Frame Try-in Frame w/Bite Rim
 Frame w/Setup Process/Finish

Rest Areas / Clasp Design

Lab Design Indicated on Diagram _____

Splints/Mouthguards/Orthodontics

Sports Guard Hard Splint
 Hard Soft Splint Hawley Retainer
 ESSIX Retainer Bleaching Tray
 Band & Loop Nance

Zirconia / Ceramic Crowns / Provisionals

Bruxzir Porc. To. Temps
 Lava Porc. To. Imp. Temps
 BioZ Porc. To. Indirect Composite
 E-max Porc. To. Veneer

Occlusal / Lingual Design

Metal Occlusal Excluding Buccal Cusp Maryland Bridge
 Metal Occlusal Including Buccal Cusp Metal Lingual Collar
 Metal Lingual

Tissue / Acrylic Shade:

Standard: Light Original Dark
Ethnic: Light Original Dark
Thermoclas: Clear Light Pink Shade _____
TCS Flexible: Clear Light Pink Std Pink
 Lt/Dark Pink Dark Pink

Sleep Apnea / Night Guard

SomnoMed MAS Silent Nite
 Top III EMA Narval
 Dual Night Guard Hard Night Guard

Full-Cast Crowns

Hi Nobel Semi Precious Base

PFM Crowns

Hi Nobel Semi Precious Base

Repairs

Fracture Reattach Tooth Wrought Wire Clasp Reline Weld Rebase

UPPER LOWER

RIGHT LEFT LEFT RIGHT

RIGHT LEFT

Shade _____
 Stump Shade _____

COMMENTS:

Doctor Signature _____

PLEASE SEND:

RX Pads Labels Boxes Bags