

Patient's Unique Identifier _____

Patient's Info Male Female Age _____ **Deliver by 5pm on** _____

Enclosed Impression(s) Model(s) Bite(s) Other _____

If No Occlusal Clearance Metal Occlusal Metal Island Trim Opposing

PFM

Tradition High Noble Tradition Noble *

Eco Noble Eco Base

FULL CAST

Tradition High Noble Yellow * Type II/Type III or Type III/Type IV

Eco Noble Yellow Eco Noble White

METAL FREE

Elite Solid Zirconia Value Solid Zirconia Z-Sthetic Tuff Temps

Zirconia Select Eco Milled All Ceramic E.max Layered or Shaded

Empress

SPLINTS

Comfort Zone Comfort Zone + Hard Guard (Acrylic)

EMA TAP III Dream TAP

DENTURES Elite Denture or Value Denture

PALA Digital Denture Custom Tray Bite Rim Reline

Avadent Digital Denture Set-Up Reset Finish

PARTIALS Elite Partial or Value Partial

DuraTek Valplast Acrylic Cast Metal Unilateral

Frame Try-In Bite Rim Set-Up Finish Wire Clasp

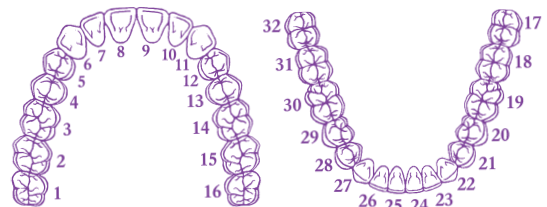
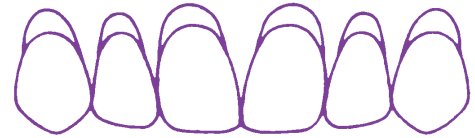
Shade _____

Stumpf Shade (Needed for Fixed Metal Free) _____

Tissue Acrylic Shade _____

Framework Shade (Needed for DuraTek) _____

R



Make Elite Teeth Value Teeth my permanent preference.

* Default unless otherwise specified. Virginia Use ONLY Instructions GD60-18: Either Domestic or Overseas Lab Approved Domestic Lab Approved Overseas Lab Approved Contact Me Before Subcontracting Please Send Rx's Boxes Shipping Labels
 By signing below, I acknowledge that this form represents the full and complete Agreement between parties. This Agreement is subject to the terms and conditions set forth on the reverse side hereof and such terms and conditions are hereby incorporated in their entirety into the agreement.

DOCTOR'S SIGNATURE _____ DOCTOR'S LICENSE # _____ DATE _____ PF 6/17