

PRIVATE PRESCRIPTION SHEET

DENTIST: _____

ADDRESS OF PRACTICE: _____

PATIENT NAME: _____

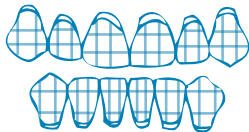
DATE SENT:/...../.....

DELIVERY DATE:/...../.....

(PLEASE MAKE SURE THE DELIVERY DATE IS AT LEAST
ONE DAY BEFORE THE PATIENTS APPOINTMENT)

ENCLOSURES

- | | | | |
|--------------|--------------------------|--------------|--------------------------|
| RUBBER IMP | <input type="checkbox"/> | ALGINATE IMP | <input type="checkbox"/> |
| SQUASH BITE | <input type="checkbox"/> | MODELS | <input type="checkbox"/> |
| RESTORATIONS | <input type="checkbox"/> | ARTICULATOR | <input type="checkbox"/> |
| FACEBOW | <input type="checkbox"/> | PHOTOS | <input type="checkbox"/> |



8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

RESTORATIONS

- | | | | |
|--------|--------------------------|--------------|--------------------------|
| CROWN | <input type="checkbox"/> | INLAY/ ONLAY | <input type="checkbox"/> |
| BRIDGE | <input type="checkbox"/> | POST & CORE | <input type="checkbox"/> |
| VENEER | <input type="checkbox"/> | IMPLANT | <input type="checkbox"/> |

ALL CERAMIC RESTORATIONS

- | | |
|-------------------------------|--------------------------|
| ZIRCONIA KATANA MULTI-LAYERED | <input type="checkbox"/> |
| ZIRCONIA LAYERED | <input type="checkbox"/> |
| VITA SUPRINITY | <input type="checkbox"/> |
| IVOCLAR IPS E.MAX | <input type="checkbox"/> |

HYBRID CERAMICS / COMPOSITE

- | | |
|------------------------------|--------------------------|
| VITA ENAMIC | <input type="checkbox"/> |
| GRADIA | <input type="checkbox"/> |
| PMMA MULTI-LAYERED TEMPORARY | <input type="checkbox"/> |

METAL CERAMIC RESTORATIONS

- | | |
|------------------------------|--------------------------|
| BONDED TO PRECIOUS METAL | <input type="checkbox"/> |
| BONDED TO NON-PRECIOUS METAL | <input type="checkbox"/> |
| MARYLAND 1 PONTIC, 2 WINGS | <input type="checkbox"/> |

MUSCELLANEOUS

- | | |
|--------------------|--------------------------|
| DIAGNOSTIC WAX-UP | <input type="checkbox"/> |
| BLEACHING TRAYS | <input type="checkbox"/> |
| RETAINER | <input type="checkbox"/> |
| STENT | <input type="checkbox"/> |
| NIGHT GUARD | <input type="checkbox"/> |
| SPORTS GUARD | <input type="checkbox"/> |
| DENAR ARTICULATION | <input type="checkbox"/> |

IMPLANT BRAND & SIZE

- | | |
|--------------------------|--------------------------|
| SCREW RETAINED | <input type="checkbox"/> |
| CEMENT RETAINED | <input type="checkbox"/> |
| ZIRCONIA HYBRID ABUTMENT | <input type="checkbox"/> |
| TITANIUM ABUTMENT | <input type="checkbox"/> |

INSTRUCTIONS

SHADE REQUIRED:

STUMP SHADE