Rx

ESTHETIC DENTAL ARTS

4630 Eubank Blvd NE Albuquerque, NM 87111
800-447-0727 505-293-6373 505-298-7227 (Fax)
www.estheticdentalarts.com

Doctor's Name _____ Patient First Name / Last Name

Address/E-mail _____ Phone # _____

Deliver
- ❍ Completed Case*
- ❍ For Dr. to Die Trim
- ❍ Model Work only (Please Detail Requrements)
- ❍ Metal Try-in
- ❍ Bisque Try-in
- ❍ Wax-up for review

by 5:00 p.m. on See Reverse for Working Times

PORCELAIN FUSED TO METAL
- ❍ Bio-C (80% Gold)
- ❍ High Noble*
- ❍ Noble Metal
- ❍ Predominately Base
- ❍ Lab's Discretion

Inquire about other high noble alloys available for porcelain fused to metal and full cast restorations.

ZIRCONIA CAD/CAM
- ❍ Lava - 3M
- ❍ Everest - Kavo
- ❍ Zeno - Wieland
- ❍ Lab's Discretion

CERAMICS
- ❍ IPS Empress
- ❍ IPS e.max
- ❍ Procera
- ❍ Lab's Discretion

FULL CAST
- ❍ 90% Gold
- ❍ 77% Gold
- ❍ 62% Gold*
- ❍ 50% Gold
- ❍ Non-Precious

COMPOSITES
- ❍ Ceramage
- ❍ Cristobal
- ❍ Lab's Discretion

MISCELLANEOUS
- ❍ Temporaries
- ❍ Long Term Provisionals
- ❍ Brux Guard Soft/Hard
- ❍ Brux Guard w/ guidance
- ❍ Tap III Appliance
- ❍ Sonamed
- ❍ Surgical Stent

IMPLANT INFORMATION
System: _____

Diameter: _____

Parts Sent: _____

- ❍ Prefab Abutment
  - ❍ Zirconium ❍ Titanium ❍ Lab's Discretion
- ❍ Custom Abutment
  - ❍ Zirconium ❍ Titanium ❍ Gold ❍ Lab's Discretion

CUSTOM ABUTMENT DESIGN
- ❍ Ideal (Large design may require surgical placement)
- ❍ Blanching OK* (Medium circumference)
- ❍ No Blanching (Smallest circumference)
- ❍ Follow Soft Tissue Contours (Model reflects desired emergence profile)

SHADE _____

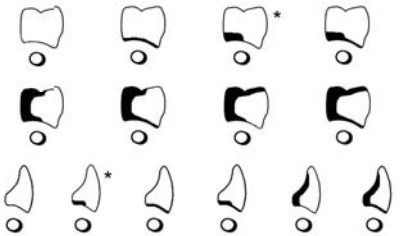
DENTIN SHADE _____

❍ M ❍ F Age _____

OCCLUSAL STAIN
❍ None ❍ Light* ❍ Medium ❍ Dark

SEND SPECTROSHADE IMAGES OR PICTURES TO SHADES@ESTHETICDENTALARTS.COM

PONTIC DESIGN

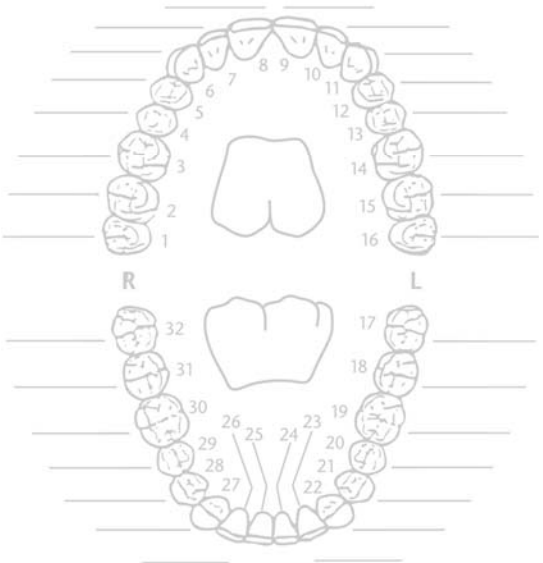
METAL DESIGN


PORCELAIN SHOULDER
❍ Buccal/Labial ❍ 360° Porcelain Shoulder

PARTIAL
❍ Under Partial ❍ Survey to receive

Additional Instructions

DETAIL SHADE, IMPLANT DIAMETER OR CASE INFORMATION



Signature _____

License # _____

*Standard unless specified otherwise

Please Send
- ❍ *Prescriptions*
- ❍ *Boxes*
- ❍ *Shipping Labels*
- ❍ *Bio Bags*

ENCLOSED WITH CASE
_____ *Impression(s)* _____ *Bite*

_____ *Opposing Cast* _____ *Master Cast*

_____ *Alginate* _____ *Photos*

_____ *Other* _____

Date Recv'd _____ *Pan #* _____