

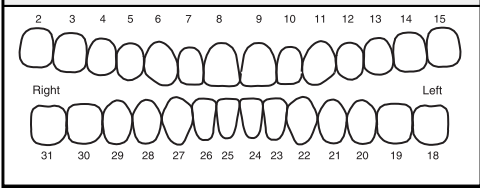
Doctor : \_\_\_\_\_ Patient: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age:  Youthful  Middle-Age  Mature  
 City: \_\_\_\_\_ Gender:  Male  Female  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Deliver by 5:00 p.m. on: \_\_\_\_\_  
 Special delivery instructions: \_\_\_\_\_

**Required Shade Specifications** *(Case cannot be processed without shade specification)*  
 Current shade is: \_\_\_\_\_ Shade requested: \_\_\_\_\_  
 Note for lithium disilicate, there are four shades available OM1, OM3, A1, B1  
 Monochromatic (body shading only)  
 Polychromatic (cervical, body, incisal shading)

**Veneers**

**Lumineers - individually**  
 Cerinate 2  
**Level of translucency (circle one)**  
 High Medium Low  
 Lithium disilicate  
 **Lumineers in LUMITray**  
 Cerinate 2  
**Level of translucency (circle one)**  
 High Medium Low  
 Lithium disilicate  
 Additional units \_\_\_\_\_ (up to two)  
 Try-in units \_\_\_\_\_ (up to two)  
 **Include a night guard**

**Indicate Teeth to be Restored**



Would like a phone call regarding instructions

**Incisal Edge Specifications**

**Centrals**  
 Square  Square Oval  Oval  
**Laterals**  
 Square  Square Oval  Oval  
**Cuspids**  
 Square  Oval  Pointed  
**Bicuspids**  
 Square  Oval  Pointed

**Case Design**

Additional length  
 .5mm  1mm  1.5mm  
 Alignment  
 Complete diastema closure  
 Partial diastema closure (specify) \_\_\_\_\_  
 Existing crowns/bridges (specify) \_\_\_\_\_

**If Inadequate Clearance**

Spot opposing  
 Call me  
 LUMIKey Reshaping Guide  
 (for LUMITray cases only)

Please send my office:  
 Rx (Fixed)  Rx (Removable)  
 Rx (Lumineers)  Rx (Sleep/Ortho)  
 Boxes  Mailing Labels  
 1150 Old Marion Road, NE  
 Cedar Rapids, Iowa 52402  
 319-393-1990 / 800-332-3341  
 Fax 319-393-8455  
 E-Mail dps@dpsdental.com

Doctor Signature \_\_\_\_\_  
 (Remember to select shade, age, gender, and delivery date)

