

Dental Prosthetic Services

Fixed



Doctor : _____ Patient: _____
 Address: _____ Age: Youthful Middle-Age Mature
 City: _____ Gender: Male Female
 State: _____ Zip: _____ Shade: _____ Tooth #: _____
 Phone: () _____ Deliver by 5:00 on: _____
 Special delivery instructions: _____

Shade Information _____ ClearMatch photo sent to - shades@dpsdental.com
 Standard shade _____
 3D Shade Value _____ Chroma _____ Hue _____ (All 3 shades required)
 Shade of underlying prep _____ (Necessary for metal free restorations)

Crown & Bridge/Ceramics

Metal Free Restoration

Flat Unit Pricing (metal included)
 PF HN- White (Standard)
 PF Noble- White
 PFNP
 Captek (Collarless)
 Phoenix Plus (Collarless, 90% Yellow Gold)
 Full Cast HN-Yellow (Standard)
 Full Cast Other (Please specify) _____

DWT Pricing (metal not included)
 PFHN Yellow Gold
 Full Cast

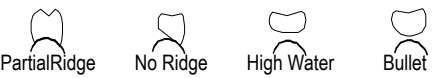
Nautilus Full-Contour Nautilus Core
 E.max * E.max * Esthetic
 Procera * Alumina Procera * Zirconia
 Ceramage Composite Lava * Zirconia

Occlusion
 In occlusion Foil opposing Out of occlusion

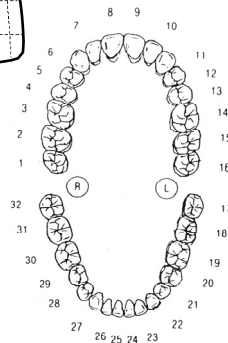
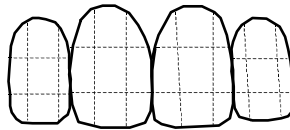
Labial/Buccal Porcelain Design
 Show no metal (standard) metal collar
 Porcelain butt margin (requires 1mm shoulder prep)

Would like a phone call regarding instructions

Pontic Design Metal or Porcelain (Circle One)



Metal Design for PFM (Circle one)



Comments: _____

Please send my office:
 Rx (Fixed) Rx (Removable)
 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)