

DR NAME _____ **PT NAME** FIRST _____ AGE _____
 ADDRESS _____ LAST _____ FEMALE MALE
 CITY _____ STATE _____ ZIP _____ PHONE _____ **DUE DATE** FINISH _____ TRY IN _____ **CALL ME**
ENCLOSED WITH CASE: Model Metal Trays Teeth Shade Tab Articulator Bite Impressions Photo (Preferred) Other _____

NON-METAL RESTORATION

- DSez™ (Esthetic Monolithic Zirconia)
- DSz™ (Monolithic Zirconia)
- DSz™ (Layered Zirconia)
- IPS e.max®
- BruxZir®
- OTHER _____

PORCELAIN FUSED TO METAL

- PFM NP/Base PFM White High Noble
- PFM Noble PFM Yellow High Noble
- Semi Precious
- OTHER _____

FULL CAST RESTORATION

- NP/Base White High Noble
- Noble White Yellow High Noble
- Noble Yellow

IF NO OCCLUSAL CLEARANCE

- CALL METAL OCCLUSION
- REDUCTION COPING SPOT OPPOSING

MOLD OF CROWN

- FOLLOW STUDY MODEL MATCH EXISTING IDEAL

MARGIN DESIGN Buccal Lingual

- METAL LINGUAL COLLAR
- METAL-PORCELAIN JUNCTION MARGIN
- METAL HAIRLINE _____ MM
- PORCELAIN BUTT MARGIN

METAL OCCLUSION

- METAL OCCLUSAL **EXCLUDE** BUCCAL CUSP
- METAL OCCLUSAL **INCLUDE** BUCCAL CUSP
- FULL METAL LINGUAL
- 3/4 METAL LINGUAL
- 1/4 METAL LINGUAL

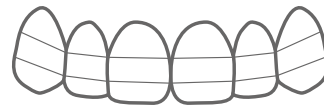


PONTIC DESIGN

- SANITARY BULLET MODIFIED
- FULL RIDGE OVATE

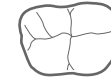
SHADE

DESIRED _____ STUMP _____



OCCLUSAL STAINING

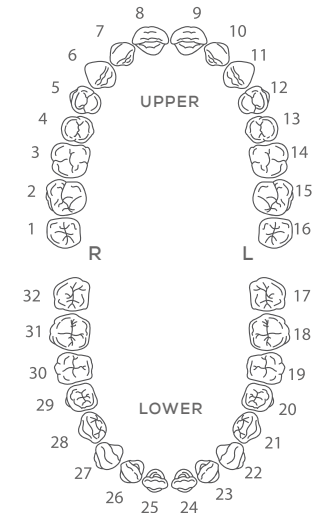
- NONE
- Light Medium Dark



SPLINTS

- | | | | |
|---------------------------------------|----------------------------|---------------------------------------|----------------------------|
| <input type="checkbox"/> U | <input type="checkbox"/> L | <input type="checkbox"/> U | <input type="checkbox"/> L |
| <input type="checkbox"/> Hard | | <input type="checkbox"/> Brux-eze™ | |
| <input type="checkbox"/> Comfort H/S™ | | <input type="checkbox"/> Rem-e-deze™ | |
| <input type="checkbox"/> Sports Guard | | <input type="checkbox"/> DSG Relaxer™ | |
| <input type="checkbox"/> OTHER _____ | | | |

PLEASE INDICATE TOOTH NUMBER TO BE RESTORED:



INSTRUCTIONS

DR SIGNATURE _____

DR LICENSE # _____

For Warranty Information: Please review the DSG Warranty Policy at www.dentalservices.net/dsg-warranty

DO YOU NEED? Shipping Boxes **RXS:** Standard Fixed Removable Local (WHERE AVAILABLE)
 Shipping Labels Implant Cosmetic Ortho/Sleep Value

TERMS: Net 15th of month. A finance charge of 1½% per month (18% annual) will be added to past due invoices F FR1 01