

OFFICE NAME _____ GROUP NAME _____

DR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

ENCLOSED WITH CASE: Model Metal Trays Teeth Shade Tab Articulator Bite Impressions

PT NAME FIRST _____

PLEASE PRINT PATIENT NAME LAST _____

FEMALE MALE PATIENT ID# (OPTIONAL) _____ AGE _____

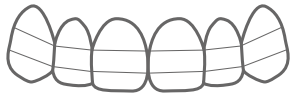
DUE DATE FINISH _____ TRY IN _____

CALL ME

Photos Enclosed Photos Emailed (gpinfo@dental-services.net) Other _____

GLOBAL FIXED

SHADE



SHADE _____ STUMP _____
REQUIRED FOR E.MAX

NON-METAL RESTORATION

- e.max®
- Zirconia Layered Porcelain
- Zirconia Full Contour

PORCELAIN FUSED TO METAL

- PFM NP/Base PFM High Noble
- PFM Noble Captek

FULL CAST RESTORATION

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

CROWN INLAY/ONLAY VENEER

IF NO OCCLUSAL CLEARANCE

- Crown Reduction Coping
- Metal Occlusion Permanent note in file
- Spot Opposing****

CONTACT DESIGN

ANTERIOR



Broad Regular Point



POSTERIOR

PREFERENCES

- Occlusal:** Light** Open Tight
- Contact:** Light** Medium Heavy

PONTIC DESIGN

- Sanitary Bullet Modified**
- Full ridge Ovate

GLOBAL REMOVABLE

TOOTH SHADE

Shade _____

ACRYLIC SHADE

- Standard Meharry

DENTURE

- U L Occlusion Rim U L Economy
- Custom Tray Select
- Reset
- Immediate/Healing

TEETH

PARTIAL

- U L Cast Metal Horseshoe
- Immediate Lingual Apron
- Flexible Lingual Bar
- Acrylic Partial Wrought Wire Clasps
- Flipper Cosmetic Clasps
- Other

PARTIAL DESIGN

REPAIRS

- U L Reline U L Add Clasp
- Rebase Add Tooth
- Basic Repair Other
- Soft Liner

NIGHT GUARDS/BITE SPLINTS

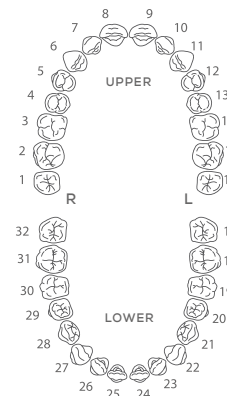
- U L Soft (Thermoplastic) U L Relaxer
- Hard (Clear Acrylic) Sports Guard
- Hard-Soft (Combo) Space Maintainer

**** Denotes standard design if an option is not selected.**

DO YOU NEED? Shipping Boxes Rx's
For more supplies, please email to:
gpsupplies@dental-services.net

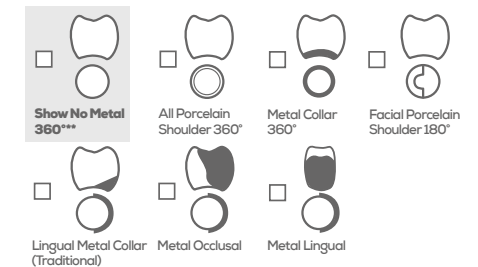
INSTRUCTIONS

PLEASE INDICATE TOOTH NUMBER TO BE RESTORED
• Circle single units • Bracket splinted • Crossout missing



MARGIN DESIGN

Please check your choice(s) of margin combination.



For Warranty Information: Please review the DSG Warranty Policy at www.dental-services.net/dsg-warranty. **TERMS:** Net 15th of month. A finance charge of 1½% per month (18% annual) will be added to past due invoices. All Global Restorations are manufactured by our global partner and distributed by DSG GPS.

DR SIGNATURE _____

DR LICENSE # _____ DATE _____