

DR NAME _____ **TODAY'S DATE** _____ **CALL ME**

ADDRESS _____ **PT NAME** FIRST _____ AGE _____

CITY _____ STATE _____ ZIP _____ PHONE _____ LAST _____ FEMALE MALE

DSO PRACTICE NAME _____ **DUE DATE** FINISH _____ TRY IN _____
(IF APPLICABLE)

ENCLOSED WITH CASE: Model Shade Tab Bite Impressions Photo (Preferred) Articulator Metal Trays Teeth Other _____

IMPLANT SYSTEM USED

SIZE

CUSTOM ABUTMENT

- CAD/CAM Titanium CAD/CAM Zirconia
- OEM UCLA Cast: Labor Metal Extra
- *This restoration must be cemented chariside

SCREW RETAINED

- Recieve restoration all in one piece**
- CAD/CAM Titanium CAD/CAM Zirconia
Cement in Lab Cement in Lab
- OEM UCLA Cast: Labor Metal Extra

- Recieve restoration in two pieces w/ access holes**
*This restoration must be cemented chariside

MARGIN DESIGN B/F M D L

Subgingival _____

Supragingival _____

Flush with Tissue _____
(In mm)

ABUTMENT CLEARANCE FROM OPPOSING

In mm _____

BLANCHING

- Yes No
- Or planning incision and suturing

ANODIZE/GOLD HUE

REFERENCE #

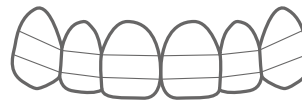
FINAL RESTORATION TYPE

- IPS e.max® ZirCAD Prime
- DSz™ (Monolithic Zirconia)
- DSez™ (Esthetic Monolithic Zirconia)
- DSz™ (Layered Zirconia)
- IPS e.max® (Lithium Disilicate)
- PFM Specify alloy
- Full Cast

OTHER _____

SHADE

DESIRED _____

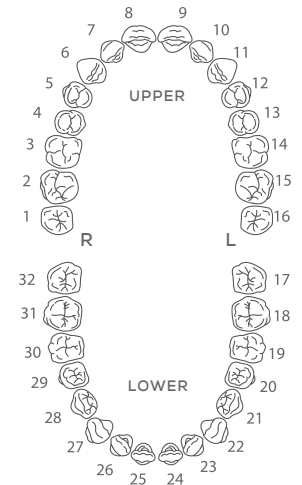


OCCUSAL STAINING

- NONE
- LIGHT
- MEDIUM
- DARK



PLEASE INDICATE TOOTH NUMBER TO BE RESTORED:



INSTRUCTIONS

SPLINTS

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

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 IMPI 02