



"Redefining the Standards, Since 1989"

Doctor: _____

Address: _____

City/State/Zip: _____

Phone: (____) ____ - ____

Patient: _____

Date of Birth: ____ / ____ / ____ Gender: M / F

Date Sent: ____ / ____ / ____

Deliver by 5pm on: ____ / ____ / ____

Please send me: Boxes Shipping Labels RX Forms

Email Photos to: reception@precisionesthetics.com

Fixed Restorations

Zirconia

- IPS e.max ZirCAD Prime Crowns or Bridge
- BioZx2 Solid Zirconia Crown or Bridge

All Ceramic

- e.max Press
- e.max Layered

PFM

- Base (Nickel Free)
- Noble - White
- High Noble - White
- Porcelain Butt Margin
- Metal Occlusal/Lingual

Full Cast

- Base (Nickel Free)
- Noble - White
- Noble - Yellow
- High Noble - Yellow

Implants

- IPS e.max ZirCAD Prime Conventional Fixed Arch
- IPS e.max ZirCAD Prime Screw Retained Crown
- P.E. Inclusive CAD/CAM Titanium Abutment
- P.E. Inclusive CAD/CAM Zirconia Hybrid Abutment

Provisionals

- P.E. Provisionals

Add Nightguard

Removable Restorations

Full Denture

- Economy
- Premium
- Immediate

Digital Dentures

- Dentsply Sirona Lucitone Digital Print
- Ivoclar Ivotion Digital Dentures

Partial Dentures

- Duraflex
- Acrylic
- Temp Flipper

Partial Frameworks

- Cast Partial
- Custom Tray
- Metal Reinforcement
- Other _____

Additional Services

- Acrylic Repair
- Reline (Hard or Soft)

Tooth Number(s) _____

Restoration Shade _____

Stump Shade _____

For RPD/Under RPD

If no Occlusal Clearance

- Call doctor Would you like to make default?
- Spot opposing
- Metal occlusion Yes No

Ridge Relief

- None Slight
- Medium Heavy

Special Instructions



G _____



H _____



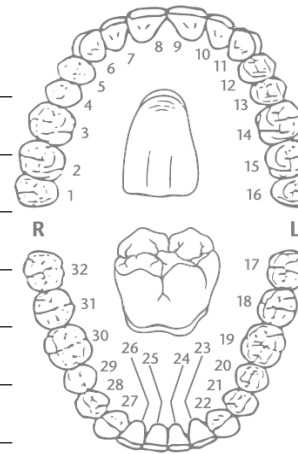
J _____



K _____



L _____



Arch: Upper / Lower / Both

Acrylic: Light / Original / LRP

Mild / Moderate / Heavy

Mold: _____ Shade: _____

Stage to Complete

(select all that apply)

- Base Plate / Occlusal Rim
- Wax Setup for Try-in
- Process and Finish
- All of the Above

Please have technician call me: Date ____ / ____ / ____
Time: _____ AM PM

Dr. Signature _____ Lic. # _____