



8952 E DESERT COVE AVE, STE 210
SCOTTSDALE, AZ 85260
(480) 329-9995
northcanyondental@earthlink.net

Rx _____

Date _____

Doctor _____

Address _____

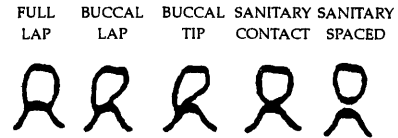
City _____ State _____ Zip _____

Patient _____

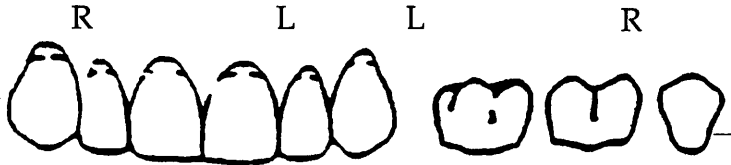
Sex _____ Age _____ Due Date _____

- ☐ Will opposing teeth be restored?
- ☐ OK to relieve opposing?
- ☐ OK to relieve die?
- ☐ Return for margin identification
- ☐ Pour solid model
- ☐ Porcelain margin _____
- ☐ Porcelain finished to margin (no metal on buccal) _____
- ☐ Small metal color _____

- ☐ Occlusal Staining
- ☐ Cervical Staining
- ☐ Patient will call for custom staining



- ☐ Doctor to trim die
- ☐ Metal try in instructions



SHADE _____ Custom Shade ☐ Custom shade fee \$55

Dentist's Signature _____

License # _____

Phone Consultation necessary with doctor: ☐ Yes ☐ No

Metal: ☐ Semi-Precious ☐ Non-Precious ☐ Gold

For ALL Implant Cases this part MUST be filled out

Implant Size _____

Implant System _____