



**American**  
**Dental Design & Services**  
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Texas State Board of Dental Examiners

Reg# 3804

*"Incorporating proven technologies that provide real solutions"*

Texas Reg #3804

**Implant Prosthetics &**

**Type & Size** \_\_\_\_\_

**Enclosures**

**Attachments**

Please Indicate Type

Dr. \_\_\_\_\_

Return Date	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Rush

**Patient's Name** \_\_\_\_\_

Patient's Sex ☐ M ☐ F Age \_\_\_\_\_ ☐ Design  
☐ Try-In ☐ Complete

**Ceramic / Crown & Bridge**

Shade..... ☐ Shade Tab Enclosed ☐ Dies to be Trimmed by Doctor

Crown or ☐ Ceramic ☐ All Metal ☐ Separate Post

Bridge: ☐ Porcelain Occlusal ☐ Metal Occlusal

Alloy: ☐ Predominantly Base (NP-Non-Precious) ☐ Noble (Gold/Palladium) ☐ High Noble (White Gold)

☐ Predominantly Base (NP Nickel Free) ☐ Noble (Yellow Gold) all metal only (Yellow Gold)

☐ Predominantly Base (NP Yellow) all metal only ☐ Noble (Silver/Palladium) all metal only

Pontic: ☐ Full Ridge ☐ Partial Ridge ☐ No Ridge ☐ Point Contact ☐ No Contact

Design:

Finish Line: ☐ Metal Collar ☐ No Metal Collar ☐ Porcelain Shoulder

Esthetic: ☐ Veneer ☐ Inlay/Onlay ☐ Full Crown ☐ Composite

Restoration: ☐ Bruxzir ☐ E-MAX ☐ Vita In-Ceram Y-Z



☐ Shade Blend \_\_\_\_\_



2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
22	31	30	29	28	27	26	25	24	23	22	21	20	19	18

Please have technician call me: Day \_\_\_\_\_ Time \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Doctor's License # \_\_\_\_\_

Date \_\_\_\_\_

Please send: ☐ Rx's ☐ Boxes ☐ Mailing Labels ☐ Report Cards

☐ Abutments

☐ Temporary

☐ Screws

☐ Analogs

☐ Overdenture Bar

☐ Hade-Bar & Clips

☐ Copings

☐ Locators

☐ Tissue Thickness ..... mm

☐ Inserts

☐ Denture

☐ Immediate Denture

☐ Flexible Partial (TCS)

☐ Flexible Partial Combination

☐ Acrylic Partial

☐ Cast Partial Framework

☐ Night Guard (Hard)

☐ Night Guard (Soft)

☐ Repair

☐ Rebase

☐ Hard Reline

☐ Soft Liner

☐ Custom Tray

☐ Bleaching Tray

☐ Base Plate & Wax Rim

☐ Setup

☐ Finish

☐ Other Appliances

**Gum Shade**

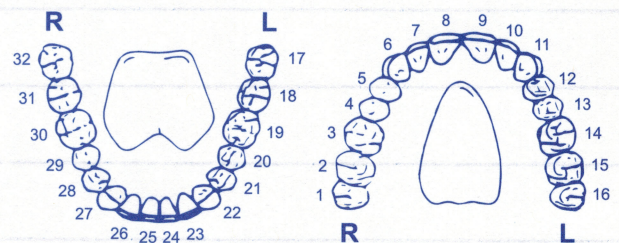
☐ Standard

☐ Medium Meharry

☐ Meharry

**Please Design Implants Here**

(Indicate approximate location of implants in red)



**Additional Comments or Instructions**

Continue on back .....