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WARREN MI. 48088

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CASE NO. _____

DR. _____

ADDRESS: _____

DR'S TEL: _____ E-MAIL: _____

PATIENT: _____ M F AGE _____

Send Date: ____/____/____ Due Date: ____/____/____

SPECIFIC INSTRUCTIONS

SHADE: _____

STUMP SHADE: _____

ALL CERAMIC RESTORATIONS

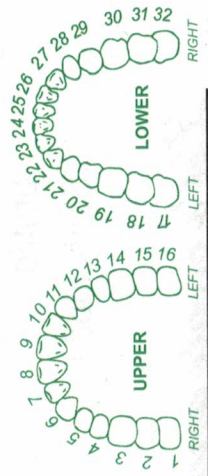
- IPS E-MAX VENEERED ZIRCONIA
- EMPRESS BRUX ZIR

PORCELAIN FUSED TO METAL

- NP NOBLE SEMI PRECIOUS

REMOVABLES SERVICES

- FLEXIBLE PARTIAL
- DENTURE
- CAST PARTIAL
- FLIPPER
- BITE RIM & BASE PLATE
- PARTIAL DENTURE
- CUSTOM TRAY
- HARD/SOFT BITE SPLINT
- THERMO FORM/HARD SOFT



DR'S SIGNATURE: _____

LICENSE#: _____

Flip page for cosmetic instructions

Aesthetic Instructions



Circle one:



Special Instructions:

Please Include:

- Photographs
- Smile line profile
- Study Model
- Flash Drive
- SD Card
- Via Email

Let's create another great smile ;)