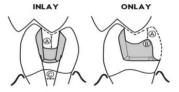
	NI(DE	THAWI AL	K

NIGHTHAWK			Enclosed with Case:	☐ Impressions [☐ Models ☐ Bite	☐ Photos ☐ Othe	ir	
DLIVIAL	Dr. Name							
4825 Higbee Ave NW STE 104					WITH: caddesign	n@nighthawkdental.co	om	
Canton, Ohio 44718			3Shape Communicat					
330-691-6736 ● nighthawkdental.com	Address/Email			iTero	DS Core			
	Phone #	Today's Date	_ Dexis	Shinning	Others			
	Date wanted	Deliver by 5 p.m.				PON	NTIC DESIGN	
ZIRCONIA/ALL-CERAMIC RESTORATION	STUMP SHADE	FINAL SHADE	Dentu	res		\sim	O O	\sim
Full Zirconia needs 1mm space	Must indicate stump shade for all-cera	mics & super translucent	Try-in needed for ev	very Denture case ((extra cost)	\sim		5 4
Layered Zirconia needs 1.5 - 2mm space	Custom Shading Design	n	☐ Ivobase processe	ed (Hand-Crafted D	enture)			
	\sim	\bigcirc	☐ Ivobase processe	ed (Hand-Crafted In	nplant Denture)		8 9	
☐ Full Zirconia Multilayer (FZM)		$/$ \vee \vee \rangle	Pink Shades: 🗌 Pre	eferece 🗌 Pink-V	☐ Pink ☐ Dark	6 - 7	10	1
Good for any tooth with one shade	\ 1 / Y		Premium brand teet	th (Extra charge ap	plies)	5	1000	12
☐ Full Zirconia Super Translucent Multilayer			☐ Ivotion Dentures	(milled)		4	(4)	13
Good for light stumps & Zirconia abutments			BL3, A1, A2, A3, A3.5	5, B1		7(27)		
singels up to 3 unit bridges			Pink Shades: 🗌 Pre	eferece \square Pink-V	□ US-D	3		₹ 14
☐ Custom Zirconia shading 2 or more shade	2					2 (4)	((♦)15
☐ E-Max			Premium Lucitone D	Digital Denture Prin	ted Teeth	1 (4)	(¥)16
Good for light stumps & Zirconia abutments			(16 Vita Shades)				•	
☐ Custom Porcelain Layering (CPL)			☐ Copy Denture (Pr	rinted)		32()		17
Custom Layering for Zirconia or E-Max			☐ Interim Premuim	n Digital Denture (F	Printed)	31(/		(3) 18
Temps			☐ Premuim Lucitor	ne Digital Denture		30 🖟	(
☐ Printed ☐ Milled			□L R Pink □Light	☐Original ☐DRI	Pink	29		20
All On X			Bite Rim 🔲 U	pper 🗆 Lower		28	h	21
☐ Chairside Conversion			Custom Tray 🔲 Up			2, 26	25 24 23	
☐ Surgery			Custom Denture Tra		ower		_	
All On X Final								
☐ Hybrid Denture & Bar			Signature					
☐ Hybrid Ivotion Denture & Bar								
☐ Zirconia	Implant System		License			Date		
☐ Zirconia w Bar			Cases billed per mo	nth. Payments are	e due on the 5th of	f the next month.		
	Implant Type	Implant Size	Late fees applied if r	not paid by the 28t	h			
Implant Planning	ABUTMEN	IT TYPE	Make checks payabl	e to: Nighthawk De	<u>ental</u>			
☐ Clear Surgery Denture	☐ OEM (Implant Company) Default	☐ Clone (Cheaper Provider)	10% off case if paid	up front by chcek	or Bank Transfer	Card and Bank Transfe	er with payment link	
☐ CT Pilot Guide	☐ Custom ☐ Stock	☐ Ti-Base	5% off case if paid u	up front by Credit (Card Call for price	☐ Visa ☐ Master	☐ Discover ☐ Ame:	ĸ
☐ CT Surgical Guide	☐ Titanium ☐ Zirconia/Titanium	☐ Gold-Tone Titanium	3.5% credit card pro					

ALL-CERAMIC/COMPOSITE INLAY VENEERS



A. 1.5 to 2 mm occlusal reduction
 B. Round all sharp line angles and occlusal edges, and eliminate undercuts
 C. Proximal and occlusal walls should have 6–8 degrees taper

ALL-CERAMIC/COMPOSITE CROWNS







Lab use only

Parts provided

Part #	# Sent	Description

ANTERIOR	POSTERIOR		
Preparation must be parallel to lingual surface 8 8 mm chamfer or rounded shoulder referred, feather edge is acceptable	Preparation must be parallel to occlusal surface 8 mm chamfer or rounded shoulder preferred, feather edge is acceptable	LINGUA	
A. 1.0 mm - 1.5 mm occlusal reduction B. 1.0 mm middle third reduction	Buccal and lingual walls must be converg Preparation should be cut in three plane		

Crown / Bridge two month warranty is voided if preraration guidelines are not followed All cases are covered with a courtesy discount for remakes or replacements

Soft Tissue	
Model Work	
A A	

Parts Used for case

Part #	# Used	Desccription

Things to ask us about	Things	to	ask	us	about
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How can I save on my bill?

Can I save with a Digital Scanner

Is there a program to help with buying a scanner

Can I save \$ if I go modeless