



4825 Higbee Ave NW STE 104
Canton, Ohio 44718
330-691-6736 • nighthawkdental.com

ZIRCONIA/ALL-CERAMIC RESTORATION

Full Zirconia needs 1mm space

Layered Zirconia needs 1.5 - 2mm space

Full Zirconia Multilayer (FZM)

Good for any tooth with one shade

Full Zirconia Super Translucent Multilayer

Good for light stumps & Zirconia abutments

singels up to 3 unit bridges

E-Max

Good for light stumps & Zirconia abutments

Custom Porcelain Layering (CPL)

Custom Layering for Zirconia or E-Max

Temps

Printed Milled

FULL-Metal RESTORATIONS

Economy Yellow 2%

Regaler Yellow 40%

Nobel White NP White

All On X

Chairside Conversion

Surgery/Final Combo

All On X Final

Zirconia Hybrid Bar

Implant Planning

Clear Surgery Denture

Tooth Position Guide (TPG)

CT Pilot Guide

CT Surgical Guide

Dr. Name _____

Patient Name _____

Address/Email _____

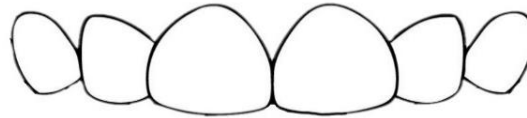
Phone # _____ Today's Date _____

Date wanted _____ Deliver by 5 p.m.

STUMP SHADE _____ FINAL SHADE _____

Must indicate stump shade for all-ceramics

Custom Shading Design



Enclosed with Case: Impressions Models Bite Photos Other

IF YOU ARE DIGITAL YOU CAN FIND US WITH: caddesign@nighthawkdental.com

3Shape Communicate DTX

Medit Link iTero

CS Connect Heron Cloud

Sirona Connect Others

Dentures

Printed Try-in needed for every Denture case

Custom Hand-Crafted Denture W Characterization

Implant Denture Copy Denture

Premium Digital Denture W Characterization

Premium brand teeth (Extra charge applies)

Ivobase processed (Hand-Crafted Denture)

Digital Dentures can be any type of Base or Teeth combination

Denture Teeth: any shade Printed Teeth:

PMMA Teeth: call about shades

Premium Digital Denture Printed Teeth (16 Vita Shades)

Pink Shades: Original Light Reddish Dark

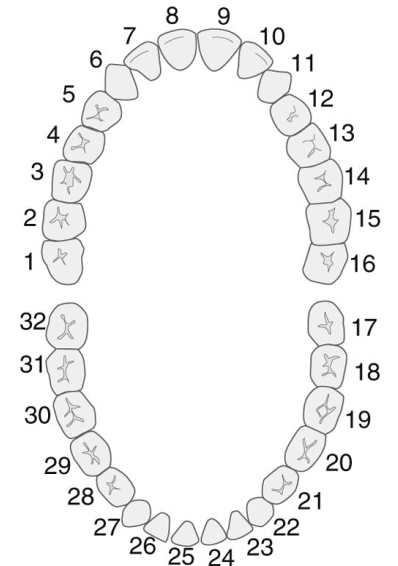
Bite Rim Upper Lower

Custom Tray Upper Lower

Bite Splint Upper Lower

Printed Milled

PONTIC DESIGN



Signature _____

License _____ Date _____

Cases billed at end of the month payment due on the 5th

Card, Apple Pay and Bank Transfer with payment link

Make checks payable to: Nighthawk Dental, LLC

Visa Master Discover Amex

10% off case if paid up front by check or Bank Transfer

Name on card _____

5% off case if paid up front by Credit Card Call for price

Card # _____

Cards date: ____/____/____ keep on file for billing

Implant System _____

Implant Type _____ Implant Size _____

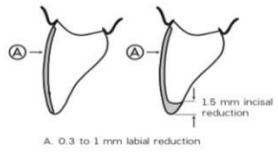
ABUTMENT TYPE

OEM (Implant Company) **Default** Clone (Cheaper Provider)

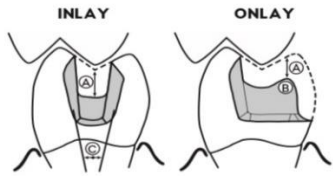
Custom Stock Ti-Base

Titanium Zirconia/Titanium Gold-Tone Titanium

ALL-CERAMIC/COMPOSITE VENEERS

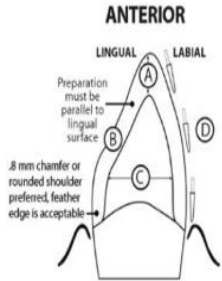
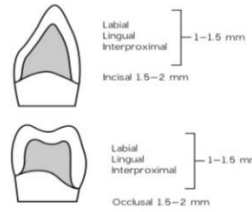


A. 0.3 to 1 mm labial reduction

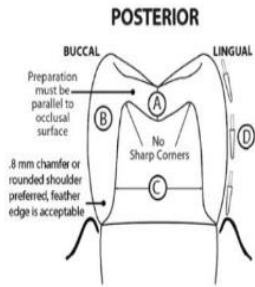


A. 1.5 to 2 mm occlusal reduction
 B. Round all sharp line angles and occlusal edges, and eliminate undercuts
 C. Proximal and occlusal walls should have 6-8 degrees taper

ALL-CERAMIC/COMPOSITE CROWNS



A. 1.0 mm - 1.5 mm occlusal reduction
 B. 1.0 mm middle third reduction



C. Buccal and lingual walls must be convergent
 D. Preparation should be cut in three planes

Lab use only

Parts provided

Part #	# Sent	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Crown / Bridge two month warranty is voided if preparation 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	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Things to ask us about

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