PrecisionEsthetics

"Redefining the Standard, Since 1988"

4912 S DIXIE HWY • WEST PALM BEACH, FL 33405
800.942.3368 • 561.805.7750 • www.precisionesthetics.com
Send pictures to: reception@precisionesthetics.com

DR._____ _____ _ DATE ____ / ____ / ____

STREET _____

CITY_____ STATE_____ ZIP _____

PHONE ( ) _____RETURN DATE ___ / ___ / ___TIME:_____ ○ AM ○ PM

PATIENT NAME_____ __AGE:____ __ ___ SEX: ○ M ○ F

PLEASE HAVE TECHNICIAN CALL ME: DATE ___ / ___ / ___ TIME:_____ ○ AM ○ PM

Please send me: ○ BOXES ○ PRESCRIPTIONS ○ UPS/FED EX LABELS

Porcelain to Metal Restorations
- ○ BASE (NICKLE-FREE)
- ○ NOBEL (WHITE)
- ○ HIGH NOBLE (WHITE)
- ○ HIGH NOBLE (YELLOW)
- ○ 24 KARAT
- ○ CAPTEK
- ○ PORCELAIN BUTT MARGIN
- ○ METAL OCCLUSAL
- ○ OTHER _____

Metal-Free Restorations
- ○ LAYERED VENEER
- ○ PROCERA ALUMINA
- ○ PROCERA ZIRCONIA
- ○ IPS EMPRESS ESTHETICS
- ○ IPS e-max Press
- ○ IPS e-max ZirPress
- ○ PRECISION ZIRCONIA ESTHETICS
- ○ CONCEPT / BELLE GLASS
- ○ LAVA ALL CERAM

Full Cast All Metal
- ○ CAST CROWN
- ○ INLAY/ONLAY
- ○ SEPERATE POST CORE
- ○ HIGH NOBLE (YELLOW)
- ○ HIGH NOBLE (WHITE)
- ○ NOBLE (WHITE)
- ○ BASE (WHITE)
- ○ OTHER _____

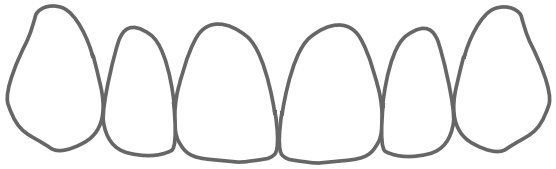
Removable Appliances
- ○ CAST PARTIAL
  - ○ PREMIUM
  - ○ ECONOMY
- ○ DENTURE
  - ○ PREMIUM
  - ○ ECONOMY
- ○ CUSTOM TRAY
  - ○ BITE BLOCK
  - ○ SETUP
- ○ PROCESS
  - ○ RELINE
  - ○ REBASE

Implant Prosthetics
- ○ PRE-SURGICAL
  - ○ WAX-UP
  - ○ SURGICAL STENT
- ○ OTHER_____
- ○ PFM
  - ○ BASE
  - ○ NOBLE
  - ○ HIGH NOBLE (WHITE)
  - ○ HIGH NOBLE (YELLOW)
- ○ REMOVABLE
  - ○ SPARK EROSION
  - ○ BAR OVERDENTURE
  - ○ HYBRID

Temps/ Bite Splints
- ○ ESTHETIC TEMPS
  - ○ W/METAL SUBSTRUCTURE
  - ○ W/KEVLAR REINFORCEMENT
- ○ SPLINTS
  - ○ HARD
  - ○ SOFT
- ○ BLEACHING TRAY
- ○ SPORTS GUARD
- ○ OTHER _____

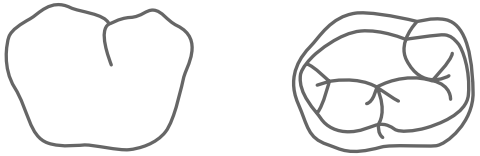
_____ _____ _____ _____ _____ _____

Stump Shade



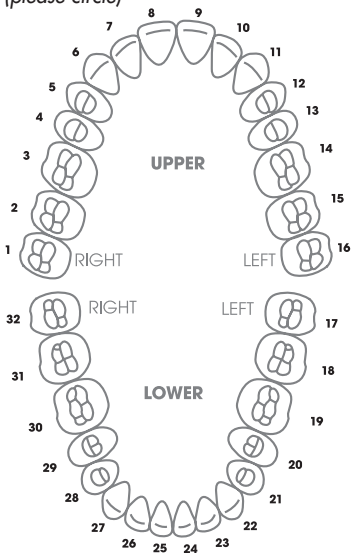
_____ _____ _____ _____ _____ _____

Shade



Pontic Design
(please circle)

Tooth Numbers
(please circle)



○ EVALUATION ○ DIE TRIM ○ TRY-IN ○ BISQUE ○ FINISH ○ WAX-UP

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ SIGNATURE OF DENTIST

_____ DENTIST LICENSE #