COMPASS Dental Arts
Purpose with Direction

Office And Pick-Ups 919-627-5003
compassdentalarts@yahoo.com

Office. _____

R_x Date _____ Dr. _____

Due Date _____ Patient _____

If no due date is assigned, a standard 14 days will be applied

Gender ☐ male ☐ female Age _____

RESTORATIONS

- ☐ PFM – white noble semi-precious 2%
- ☐ PFM – white high noble 40%
- ☐ PFM – yellow high noble 90%
- ☐ Full Cast – yellow high noble
- ☐ Full Cast – white high noble
- ☐ E Max – Stump shade _____
- ☐ Layered Emax
- ☐ Full Contour Zirconia
- ☐ Layered Zirconia
- ☐ Specialty Cases *(explain in notes)*

MARGIN DESIGN

- ☐ no metal showing
- ☐ metal hairline or ____ mm on buccal
- ☐ porcelain shoulder margin

PONTIC DESIGN

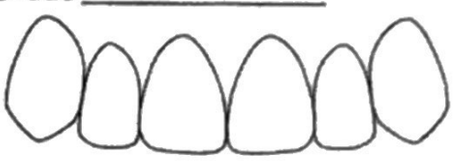
hygienic ridge lap saddle

IF NO OCCLUSAL CLEARANCE

- ☐ metal occlusion
- ☐ reduction coping
- ☐ spot opposing

SHADE INSTRUCTIONS

Shade _____



OCCLUSAL STAINING

none ☐ light ☐ medium ☐ dark

IMPLANTS

- ☐ Nobel Biocare _____
- ☐ Straumann _____
- ☐ Zimmer _____
- ☐ Biomet 31 _____
- ☐ Astra _____
- ☐ Other _____

Size _____

Enclosed with case:

☐ impressions ☐ models ☐ payment
☐ bite registration ☐ other _____

NOTES

Signature _____ License # _____

Please send: ☐ Prescriptions ☐ Labels ☐ Shipping Boxes

Visa and MasterCard accepted • All accounts over 30 days subject to 1½ % charge

Made in the USA