



**TULSA OFFICE**  
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Patient's NAME: \_\_\_\_\_

MALE  FEMALE AGE: \_\_\_\_\_ Order Date: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

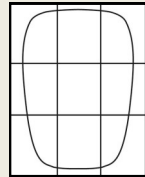
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**DELIVER BY 5:00 PM ON:** \_\_\_\_\_

**SHADE:**



**STUDY MODELS  
ARE STRONGLY  
SUGGESTED.**

**REMAKE:** Return restoration(s), old impression and provide a detailed reason for remake.

**PONTIC DESIGN**



**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**CALL ME** - I would like to speak with:

Signature \_\_\_\_\_

Lic. # \_\_\_\_\_

A finance charge will be applied to **ALL PAST DUE BALANCES**.  
Please **make a copy** of this signed script sheet for your records.

			<b>METAL DESIGN</b>		

**PLEASE SEND THE FOLLOWING:**

- Shipping Labels
- Impression Bags
- Other: \_\_\_\_\_

**Crown and Bridge:**

**Porcelain Fused to Metal Crowns** **Tooth #**

Porcelain to Base \_\_\_\_\_

Porcelain to Noble/Palladium Alloy \_\_\_\_\_

Porcelain to High Noble White/40% AU \_\_\_\_\_

Porcelain to High Noble Yellow/89%AU \_\_\_\_\_

**All Porcelain Crowns** **Tooth #**

**ZircHT** High Translucency \_\_\_\_\_

**ZircEsthetic** (single units only) \_\_\_\_\_

**BruxZir** \_\_\_\_\_

E-Max Crown/Monolithic \_\_\_\_\_

**E-Max Layered** \_\_\_\_\_

E-Max Fused to Zirconia \_\_\_\_\_

Empress Crown \_\_\_\_\_

Empress (Inlay, Onlay, Facing) \_\_\_\_\_

Porc Layered/Zirconia Coping \_\_\_\_\_

**Full Cast Crowns** **Tooth #**

Non-Precious (Silver or Yellow) \_\_\_\_\_

White Precious (Noble) \_\_\_\_\_

Precious Gold/50% \_\_\_\_\_

High Noble Gold/58% \_\_\_\_\_

Blaze (Low Cost Alloy)/4%AU \_\_\_\_\_

**Miscellaneous** **Tooth #**

Design for Partial \_\_\_\_\_

Porcelain Margins \_\_\_\_\_

White Wax \_\_\_\_\_

**Custom Abutments:** **Tooth #**

Atlantis Titanium \_\_\_\_\_

Atlantis Zirconia \_\_\_\_\_

Atlantis Gold Hue \_\_\_\_\_

Argen Zirconia \_\_\_\_\_

Argen Titanium \_\_\_\_\_

Argen Gold Hue \_\_\_\_\_

**SPECIAL ENCLOSURES:**

- Implant Parts
- Shade Tab
- Photo(s)
- Other: \_\_\_\_\_

**Dentures:**

**Tooth #**

**Ideal Dental Appliance** \_\_\_\_\_  
Processed Bite Base Block, Setup, Ivoclar Phonares II or Dentsply Portrait Teeth, Try-in, Ivobase Processing

**All-On-Four** \_\_\_\_\_  
Temporary Denture, Surgical Bone Guide, Implant Bar, Wax Rim, Completed Prosthesis with Bar

**Premium Denture** \_\_\_\_\_  
Acrylic Base Bite Block, Setup, Ivoclar Blue Line or Dentsply BioForm Teeth, Try-in, Ivobase Processing

**Basic Denture** \_\_\_\_\_  
Acrylic Base Bite Block, Setup, Ivoclar Vivadent or Dentsply True Xpression Teeth, Try-in, Ivobase Processing

**Partials:** **Tooth #**

**Cast Metal** \_\_\_\_\_  
(check as needed)  
 Facing  DE Hinge  
 Tube Tooth  Swinglock

Unilateral \_\_\_\_\_

Weld/Repair Metal \_\_\_\_\_

**Acrylic Flipper (includes teeth)** \_\_\_\_\_  
 Wire Clasp (Ball/C)

Flex Partial \_\_\_\_\_

**Miscellaneous:** **Tooth #**

Acrylic Repair \_\_\_\_\_

Duplicate Model \_\_\_\_\_

Name in Denture \_\_\_\_\_

Palate Mesh Wire \_\_\_\_\_

Custom Tray \_\_\_\_\_

Night Guard (Soft) \_\_\_\_\_

Night Guard (Flexible) \_\_\_\_\_

Night Guard (Hard) \_\_\_\_\_

**Comfort H/S™ Bite Splint:**

**Upper:** \_\_\_\_\_ **Lower:** \_\_\_\_\_

3mm 4mm 5mm 3mm 4mm 5mm

Clear    Green

Blue    Pink

Add Occlusal Table (Additional charges apply.)

