



TULSA OFFICE
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www.idasmiles.com

Patient's NAME: _____

MALE FEMALE AGE: _____ Order Date: _____

Doctor Name: _____ Phone: _____

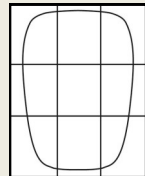
Address: _____

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.

			METAL DESIGN		

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 _____

TruAbutment Zirconia _____

TruAbutment Titanium _____

TruAbutment 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) _____

Millenium Night Guard _____

- With Clasps Without Clasps

Comfort H/S™ Bite Splint:

Upper: _____ **Lower:** _____

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

Clear Green

Blue Pink

- Add Occlusal Table (Additional charges apply.)

