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Patient's NAME: _____

Today's Date: _____ MALE FEMALE AGE: _____

Doctor Name: _____ Phone: _____

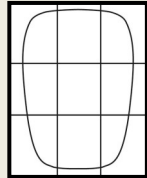
Address: _____

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		

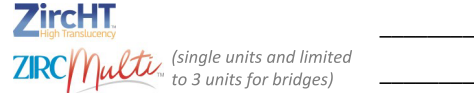
PLEASE SEND THE FOLLOWING:

- Shipping Labels
- Impression Bags
- Other: _____

Crown and Bridge:

- Porcelain Fused to Metal Crowns** **Tooth #** _____
- Porcelain to Base _____
- Porcelain to Noble _____
- Porcelain to High Noble White/40% AU _____
- Porcelain to High Noble Yellow/89%AU _____

All Ceramic Crowns



- E-Max Crown/Monolithic** **Tooth #** _____
- E-Max Layered** _____
- Porcelain Fused to Zirconia (PFZ) _____

Full Metal Crowns

- Non-Precious (Silver or Yellow)** **Tooth #** _____
- White Precious (Noble) _____
- Noble 40% _____
- Noble 50% _____
- High Noble Gold/58% _____

Miscellaneous

- Design for Partial** **Tooth #** _____
- Porcelain Margins _____
- White Wax _____

Custom Abutments:

- Atlantis Titanium** **Tooth #** _____
- Atlantis Zirconia** _____
- Atlantis Gold Hue** _____
- TruAbutment Zirconia** _____
- TruAbutment Titanium** _____
- TruAbutment Gold Hue** _____

SPECIAL ENCLOSURES:

- Implant Parts
- Shade Tab
- Photo(s)
- Other: _____

Dentures:

- All-On-Four** **Tooth #** _____
- 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

Ivotion Denture



Partials:

- Cast Metal** **Tooth #** _____
- (check as needed)
- Facing DE Hinge
- Tube Tooth Swinglock
- Unilateral _____
- Weld/Repair Metal _____
- Acrylic Flpper (includes teeth)
- Wire Clasp (Ball/C) _____
- Flex Partial _____

Miscellaneous:

- Acrylic Repair** **Tooth #** _____
- 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.)

