



International DentalArts

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IDA TULSA
918-744-8885
5219 E. 69th Place
Tulsa, OK 74136

IDA OKC
405-463-0573
4900 N. Lincoln Blvd.
Oklahoma City, OK 73105

Patient's NAME: _____

Today's Date: _____ ☐ MALE ☐ FEMALE AGE: _____

Doctor Name: _____ Phone: _____

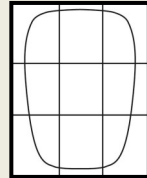
Address: _____

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



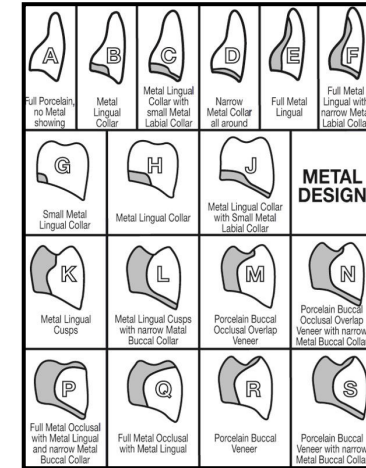
SPECIAL INSTRUCTIONS:

☐ **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.



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 **Tooth #**

ZircHT
high translucency

ZIRC Multi (single units and limited to 3 units for bridges)

E-Max Crown/Monolithic _____

E-Max Layered _____

Porcelain Fused to Zirconia (PFZ) _____

Full Metal Crowns **Tooth #**

Non-Precious (Silver or Yellow) _____

White Precious (Noble) _____

Noble 40% _____

Noble 50% _____

High Noble Gold/58% _____

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 #

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

Ivotion Denture

Gen4D

Partials:

Tooth #

Cast Metal

(check as needed)

☐ Facing ☐ DE Hinge

☐ Tube Tooth ☐ Swinglock

Unilateral

Weld/Repair Metal

Acrylic Flpper (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.)

Please mark desired incisal coverage for your prescribed splint.

