



Dental Arts • Lincolnshire

107 Schelter Road, Lincolnshire, IL 60069-3603

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DR. _____

STREET _____ SUITE _____

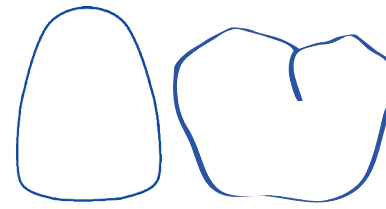
CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

PATIENT NAME _____ AGE: _____ SEX: M F

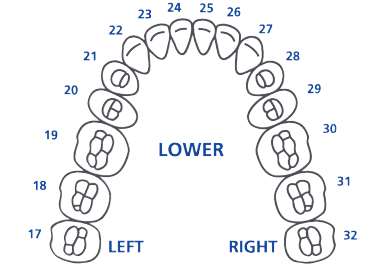
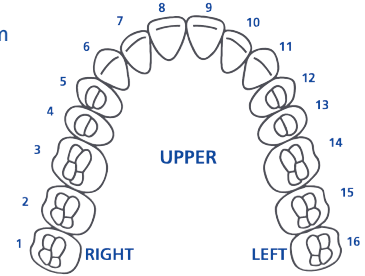
RETURN DATE BY 5 P.M. ___/___/___ PLEASE SEND: BOXES PRESCRIPTIONS SHIPPING LABELS

All Ceramics	cubeX² <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	cubeX²HS <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	BioZ^{X2} <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	IPS e.max <input type="radio"/> Full Contour <input type="radio"/> Layered	BruXZir <input type="radio"/> BruXZir <input type="radio"/> BruXZir Anterior
Porcelain to Metal Restorations	<input type="radio"/> Base (Non-Precious) (Nickel-Beryllium Free) <input type="radio"/> Noble (White Semi-Precious)	<input type="radio"/> High Noble (White Gold) <input type="radio"/> High Noble (Yellow Gold) <input type="radio"/> Captek (High Noble Yellow)	<input type="radio"/> Porcelain Labial Margin <input type="radio"/> Metal Occlusal		
All Metal Restorations Premise Indirect Composites	<input type="radio"/> High Noble Yellow (75%) <input type="radio"/> High Noble Yellow (60%) <input type="radio"/> High Noble White <input type="radio"/> Base (Nickel-Beryllium Free)	<input type="radio"/> Noble SP-Y Yellow <input type="radio"/> Noble Yellow (40%) <input type="radio"/> Noble White	Premise Indirect Composite <input type="radio"/> Inlay/Onlay <input type="radio"/> Inlay or Maryland Bridge		
Full Dentures	<input type="radio"/> Premium Full Denture <input type="radio"/> Classic (Value) Full Denture <input type="radio"/> DAL Vinci Full Denture <input type="radio"/> DAL Second Nature Digital Denture	<input type="radio"/> Bite Rim <input type="radio"/> Custom Tray <input type="radio"/> Setup	<input type="radio"/> Process and Finish <input type="radio"/> Reline (Hard, Soft) <input type="radio"/> Repair		
Partial Dentures	Vitallium 2000 Plus (Metal) <input type="radio"/> Conventional Frame <input type="radio"/> Equipoise Frame <input type="radio"/> Precision Attachment Frame	Flexible (Metal-Free) <input type="radio"/> Valplast <input type="radio"/> DuraFlex <input type="radio"/> Combination w/Metal	DAL Second Nature <input type="radio"/> Second Nature Acetal <input type="radio"/> Solvay Ultraire AKP <input type="radio"/> Cu-Sil Gasket		
Temps/Bite Splints DAL Monodont Bridge Snoring/Sleep Appliances	DAL ProTemps <input type="radio"/> Milled PMMA <input type="radio"/> Radica <input type="radio"/> Metal Substructure Mouthguards <input type="radio"/> ProForm	DAL Monodont Bridge <input type="radio"/> Acrylic Pontic <input type="radio"/> Layered Composite Pontic DAL Bite Splints <input type="radio"/> DAL Comfort Splint <input type="checkbox"/> H/S <input type="checkbox"/> Soft <input type="radio"/> DAL Skinny Splint <input type="checkbox"/> H/S <input type="checkbox"/> Hard <input type="radio"/> UltraFlex	Snoring/Sleep Appliances <input type="radio"/> Myerson EMA <input type="radio"/> Narval CC <input type="radio"/> TAP 3 <input type="radio"/> dreamTAP <input type="radio"/> SomnoDent Classic <input type="radio"/> SomnoDent		
Fixed & Removable Implant	Final Abutment <input type="radio"/> Titanium <input type="radio"/> Gold-Shaded <input type="radio"/> Zirconia Hybrid w/Ti Base	Fixed Implant Restoration <input type="radio"/> cubeX ² <input type="radio"/> BioZ ^{X2} <input type="radio"/> IPS e.max <input type="radio"/> BruXZir <input type="radio"/> Noble PFM <input type="radio"/> Base PFM <input type="radio"/> Screw-Retained (One-Piece)	Removable Implant Restoration <input type="radio"/> Overdenture/Bar <input type="radio"/> Fixed Bridge/All-On-Four <input type="radio"/> Spark Erosion <input type="radio"/> Locator Overdenture		



Send photos via our customer web portal!
www.dentalartslab.com

TOOTH NUMBERS (please circle)



SHADE: _____ PREP SHADE: _____ TAB ENCLOSED
MOULD: _____

OCCLUSAL STAINING NONE LIGHT MEDIUM HEAVY
OCCLUSION LIGHT IN OUT

PONTIC DESIGN (please circle)

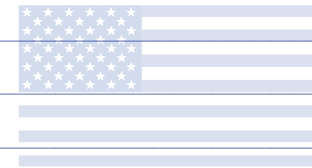
POSTERIOR DESIGN
 FULL COVERAGE - NO LINGUAL COLLAR
 FULL COVERAGE - SMALL LINGUAL COLLAR
 METAL OCCLUSAL - EXCLUDING BUCCAL CUSP
 FULL METAL OCCLUSAL - W/BUCCAL CUSP

IF THERE IS INSUFFICIENT ROOM
 REDUCE AND MARK PREP FABRICATE REDUCTION COPING
 REDUCE AND MARK OPPOSING PLACE METAL ISLAND CALL ME

ENCLOSURES
 IMPRESSION PRE-OP STUDY MODEL TEMPS MODEL
 BITE REGISTRATION PHOTO SHADE DIAGRAM

SELECT RESTORATION TYPE CROWN SPLINTED CROWN BRIDGE FULL ARCH BRIDGE VENEER INLAY/ONLAY
SELECT PROCEDURE DESIGN/ESTIMATE CUSTOM SHADE: ___ IN-LAB ___ PHOTO DIE-TRIM BISQUE COMPLETE

PLEASE CALL ME



ALL RESTORATIONS FABRICATED IN THE USA

SIGNATURE OF DENTIST _____

DENTIST LICENSE # _____

DATE ___/___/___