



Dental Arts • Galesburg

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DR. _____

STREET _____ SUITE _____

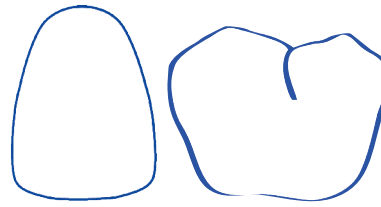
CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL _____

PATIENT NAME _____ AGE: _____ SEX: M F

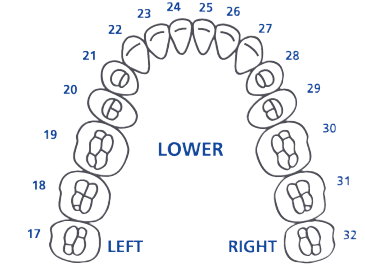
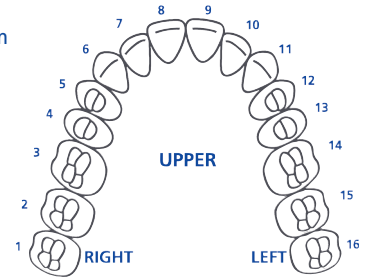
RETURN DATE BY 5 P.M. ____/____/____ PLEASE SEND: BOXES PRESCRIPTIONS SHIPPING LABELS

All Ceramics	<input type="radio"/> cubeONE <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> cubeONE ML <input type="radio"/> Full Contour <input type="radio"/> cubeX ² <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) <input type="radio"/> BioZ ^{x2} <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ)	<input type="radio"/> IPS e.max <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> VITA Suprinity <input type="radio"/> Full Contour <input type="radio"/> Layered <input type="radio"/> BruxZir <input type="radio"/> Full Contour <input type="radio"/> DAL EZ <input type="radio"/> Layered (PFZ)	
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="checkbox"/> 180° <input type="checkbox"/> 360° <input type="radio"/> Metal Occlusal
All Metal Restorations	<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 FM Full 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 <input type="radio"/> Repair
Partial Dentures	Vitalium 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 Frame	<input type="radio"/> DAL Second Nature Tooth Colored <input type="radio"/> DAL Second Nature Clear <input type="radio"/> Utaire AKP <input type="radio"/> Cu-Sil Gasket
Temps/Bite Splints	DAL Temps <input type="radio"/> CAD/CAM Milled <input type="radio"/> Radica Long Term	DAL Bite Splints <input type="radio"/> DAL Skinny Clear Hard <input type="radio"/> DAL Skinny Clear H/S <input type="radio"/> DAL Comfort Soft <input type="radio"/> DAL Comfort H/S <input type="radio"/> Astron CLEARsplint <input type="radio"/> CAD/CAM Gelb	Snoring/Sleep Appliances <input type="radio"/> Myerson EMA <input type="radio"/> D-SAD <input type="radio"/> TAP 3 <input type="radio"/> dreamTAP <input type="radio"/> Sleep Herbst <input type="radio"/> Dorsal
DAL Monodont Bridge	DAL Monodont Bridge <input type="radio"/> Acrylic Pontic <input type="radio"/> Layered Composite Pontic	<input type="radio"/> Mouthguards <input type="radio"/> ProForm	
Fixed & Removable Implant	Final Abutment Design <input type="radio"/> Cement Crown w/Abutment <input type="radio"/> Screwmentable Two Piece <input type="radio"/> Screw-Retained One Piece Authentic Parts? Yes <input type="radio"/> No <input type="radio"/>	Fixed Implant Restoration <input type="radio"/> cubeONE <input type="radio"/> IPS e.max <input type="radio"/> cubeONE ML <input type="radio"/> Noble PFM <input type="radio"/> cubeX ² <input type="radio"/> Layered PFZ <input type="radio"/> BioZ ^{x2} <input type="radio"/> Monolithic	Removable Implant Restoration <input type="radio"/> Overdenture/Bar <input type="radio"/> Fixed Bridge/All-On-4 <input type="radio"/> Spark Erosion <input type="radio"/> DAL BioHybrid Bridge



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)

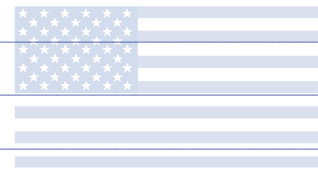
POSTERIOR DESIGN
 FULL COVERAGE - NO LINGUAL COLLAR
 FULL COVERAGE - SMALL LINGUAL COLLAR
 METAL OCCLUSAL - EXCLUDING BUCCAL CUSP
 FULL METAL OCCLUSAL - W/BUCCAL CUSP

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 ____/____/____