



IMAGE

— DENTAL ARTS —



38 Garfield Street, Asheville, NC 28803

FIXED PROSTHETICS

Impression Date: _____

Practice Name (Print) _____

Appointment Date: _____

Doctor (Print) _____

Time _____

(First)

(Last)

Age _____ Sex ☐ M ☐ F

Patient (Print) _____

(First)

(Last)

PFM ALLOY SELECTION

PORCELAIN ALLOY

Base / Non Precious ☐

White / Noble ☐

White / High Noble ☐

Yellow / High Noble ☐

Porcelain Butt Margin ☐

Metal Occlusal ☐

Buccal Collar _____mm ☐

Full Lingual Collar ☐

DL Collar ☐

No Collar ☐

FULL CAST C & B ALLOY

Yellow / High Noble ☐ White / Noble ☐

White / High Noble ☐ White / Non Precious ☐

Yellow / Noble ☐

PONTIC DESIGN



Attachments Available

Bredent ☐

ERA ☐

Hadar ☐

Locator ☐

IF NO OCCLUSAL CLEARANCE

☐ Call doctor ☐ Spot opposing ☐ Metal occlusion ☐ Reduction coping ☐ Metal island

☐ Make this a permanent note in my master file

EMAX ALL CERAMICS

(PLEASE INCLUDE PREP SHADE)

☐ LITHIUM DISILICATE (EMAX/LISI PRESS)

☐ PFZ (PORCELAIN LAYERED TO ZIRCONIA)

☐ BRUXZI (FULL CONTOUR HIGH STRENGTH ZIRCONIA)

☐ BRUXZI ULTIMATE (FULL CONTOUR SUPER TRANSLUCENT ZIRCONIA)

Preparation Shade:

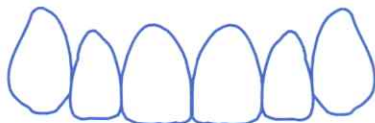
☐ ND1 ☐ ND2 ☐ ND3

☐ ND4 ☐ ND5 ☐ ND6

☐ ND7 ☐ ND8 ☐ ND9

SHADE INSTRUCTIONS

SHADE NO. _____



OCCLUSAL STAINING

☐ NONE ☐ LIGHT ☐ MEDIUM ☐ DARK

CUSTOM TEMPORARIES

IMAGE TEMP ☐

SNAP ON SMILE ☐

IMAGE PFM ONE ☐
(Base Alloy Only)

IMPLANT INFORMATION

Implant System Used _____

Implant Size _____ MM

SPECIFIC INSTRUCTIONS:

Doctor's Signature _____

License No. _____

Phone: (828) 225-3812

(800) 547-0327

Fax: (828) 225-3809

PLEASE SEND:

PRESCRIPTIONS

LABELS

SHIPPING BOXES

BAGS