

PM Newton

Dental Ceramics Inc.

Rx Date :
Date Due in Office :

(Deliver By 5PM)

Doctor's Name _____ (Please Print)

Doctor's Address _____

Patient's Name _____

M F

Sex _____ Age _____

FIXED RESTORATIONS

PFM	Full Cast Metal	All Ceramic
Non-Precious Semi-Precious High Noble	Full Cast Yellow Gold Full Cast White Gold Full Cast Non-Precious Full Cast Semi-Precious	E.max Pressed Zirconia Full Contour Zirconia Veneer

Anteriors

Metal Coping

Metal Lingual

3/4 Metal lingual

Posteriors

Metal Coping
All porcelain coverage

Metal Occlusal
Excluding buccal cusp

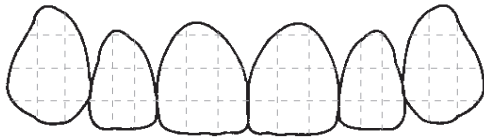
Metal Occlusal
Including buccal cusp

Lingual / Buccal Margin (Circle One)

Metal Margin
Hairline or ____ mm

Porcelain Butt Margin

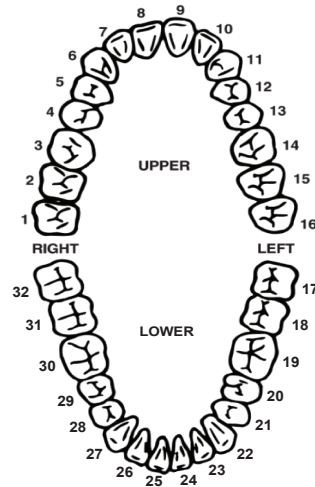
No Metal Showing



Shade _____

If Insufficient Room:

- Reduce & Mark Prep
- Reduce & Mark Opposing
- Reduction Coping
- Call Me



Dr. Signature _____ License # _____

REMOVABLE RESTORATIONS

Dentures

- Custom Tray
- Base Plate/Wax Rim
- Combo Tray w/ Wax Rim
- Economy Denture
- Premium Denture
- Transitional Denture
- Immediate Denture
- Denture Set-Up
- Denture Finish

Metal Partials

- Standard Partial
- Deluxe Partial (Vitalium 2000)
- Frame with Valplast Clasps
- Frame Try-In
- Wax Try-In with Teeth
- Bite Block
- Finish

Acrylic Partials

- Acrylic Partial Flipper
- Acrylic Partial w/ Clasp
- Unilateral (NESBIT)
- Metal / Acrylic

Flexible Partials

- Valplast™
- Unilateral Valplast™
- Clear Frame
- Set-Up
- Finish

Shade

Acrylic	Flexible
Standard	Pink
Light Pink	Meharry
Meharry	

Repairs / Relines

Relines

Hard Soft

Repairs

Tooth Fractures
Clasp

Specialty Products

- Hard Clear Nightguard
- Hard / Soft Nightguard
- Bleaching Tray
- Vacuum Nightguard

Tooth Shade _____

Tooth Mold _____

Tooth Make _____



SPECIFIC INSTRUCTIONS :