

Dentist Name: _____

Practice Location: _____

Current Date: ___/___/___ **Date Required:** ___/___/___

Patient Name: _____

Age: _____ **Sex:** _____

Enclosed:

- Impressions
- Bite registration
- Models
- Photos
- Implant Components



PRIORITY SERVICE



DIAMOND CLUB MEMBERS

- e.max / Cera Press Ceramic
- Monolithic Zirconia Crown/Bridge

Full Metal Restoration

- Full gold crown Non noble
- Gold inlay/onlay High noble
- Post and core

All Ceramic Restoration

- IPS e.max ceramic crown
- IPS e.max ceramic veneer
- IPS e.max ceramic inlay/onlay
- Monolithic Zirconia crown
- Monolithic Zirconia Bridge
- Layered Zirconia Crown
- Layered Zirconia Bridge
- PMMA crown

Implants

- Zirconia screw retained implant crown
- PMMA Implant crown

PLEASE NOTE: Lab component needs to be provided by clinic for express turn around.

***\$50 surcharge per case**

***4 days in lab, or less subject to availability**

***Priority Service is limited to 3 units per case**

Other Services

- Suspension bridge
- Bleaching trays
- 3D Printed Keystone Occlusal Splint
- Sports guard
- Special tray
- Orthodontic retainer

Tooth Notation

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Ceramic Shade (Vita)



Shade: _____

If Insufficient Occlusal Clearance...

- Full metal occlusion
- Metal island/lingual backing
- Adjust opposing dentition
- Reduction coping

Special Instructions: