

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:**