



**Dr's Name:** \_\_\_\_\_

**Pt. Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender**  M  F

**Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Type of Restoration**

IPS Empress

e.max

Zirconia

Esthetic Zirconia

(Translucent)

Temporary Crown

(PMMA)

PFM:

White High Noble

Yellow High Noble

Full Cast:

White Noble

Yellow Noble

**Implant Services**

Custom Abutment (Zirconia / Titanium)

Cement Retained  Screw Retained

Stock Abutment

UCLA (Cast Abutment)

Hybrid over Ti-Base

Temporary Abutment

Surgical Guide

**Shade**

Inc. \_\_\_\_\_

Body \_\_\_\_\_

Ging. \_\_\_\_\_

Stump Shade \_\_\_\_\_

**Services**

DSD (Digital Smile Design)

Diagnostic Wax-Up

Temp Stent

Prep-Guide

**Lab Use**

Impression

Facebow

Opposing Model

Imp. Post

Working Model

Analog

Study Cast

Articulator

Bite

**PORCELAIN TO METAL DESIGN**

Porcelain Butt Margin \_\_\_\_\_ Yes \_\_\_\_\_ No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Detailed Instructions**

Dr's Signature \_\_\_\_\_ License Number \_\_\_\_\_

**Tel (832) 653-5015 • Fax (832) 653-5016 • 16130 Cypress Rosehill • Cypress, Texas 77429**

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Net amount of invoice is due within 30 days of statement; all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.