

DATE SENT

DUE DATE

APPT. TIME

PATIENT NAME

AGE

SEX

- PLEASE CALL DOCTOR
- SEND MORE PRESCRIPTIONS
- SEND SHIPPING SUPPLIES

**TOOTH NUMBERS**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Please make one circle per single and a group circle for bridges

SHADE

**CHARACTERIZATION**

- METAL-FREE**
- IPS EMAX
  - IPS EMPRESS
  - FULL CONTOUR ZIRCONIA
  - FCZ LAYERED

- PORCELAIN TO METAL**
- NON-PRECIOUS
  - NOBLE
  - HIGH NOBLE

- FULL CAST**
- NON-PRECIOUS
  - SEMI-PRECIOUS
  - YELLOW GOLD 50%

- EXTRAS**
- PORCELAIN MARGIN
  - DIAGNOSTIC WAX-UP
  - OCCLUSAL/LINGUAL REST
  - SOFT TISSUE MODEL
  - UNDER PARTIAL
  - UNDER PARTIAL/WOUT PARTIAL
  - EPOXY MODEL
  - CUSTOM ABUTMENT
  - ERA ATTACHMENT

**INSTRUCTIONS**

\* Standard If Not Specified

*In compliance with the Truth-in Lending laws please be aware of our credit policy. All statements must be paid in full by the 15th of the month. Any unpaid balance after the end of the month will incur a 1.5% service charge per month until the balance is brought current. Any outstanding balance over 40 days will warrant C.O.D. status on your account. All cases sent in to us during C.O.D. status are property of Creative Dental until your account is paid in full.*

**DENTIST SIGNATURE**

**DENTIST LICENSE**

*By signing or sending this prescription (or a substitute thereof) the dentist agrees to the credit terms located above. The dentist also agrees to pay all legal and collection costs, including all reasonable fees.*