GDS

4330 Conifer Court, Union Grove, WI 53182

(608) 754-4118

DR._____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE (____)_____EMAIL_____

DATE_____/_____/_____ DR. LICENSE #:_____

PATIENT'S NAME_____/_____
(LAST) (FIRST)

PATIENT'S SEX ○ MALE ○ FEMALE AGE_____

PLEASE SEND: ○ PRESCRIPTIONS ○ BOXES ○ SHIPPING LABELS

FIXED

- ○ PFM
- ○ Non-Precious
- ○ Semi-Precious
- ○ Noble
- ○ High Noble White
- ○ High Noble Light Yellow

- ○ Captek
- ○ Monodont

MARGIN DESIGN

◀ Buccal Aspect  Lingual Aspect ▶

Porcelain Butt Margin
- ☐ 180°
- ☐ 360°

- ○ Full Cast Crown
- ○ Full Cast Inlay/Onlay
- ○ Non-Precious
- ○ Noble White
- ○ Noble Light Yellow
- ○ High Noble Rich Yellow

ALL CERAMIC

- ○ Pressed Crown
- ○ Inlay/Onlay
- ○ Veneer Laminate
- ○ Empress®
- ○ IPS e.max® (lithium disilicate)

CERCON® ZIRCONIA

- ○ Crown
- ○ Bridge

IF NO OCCLUSAL CLEARANCE

○ Metal Occlusion ○ Adjust Opposing ○ Metal Stop

REMOVABLE

FULL DENTURES

- ○ Economy
- ○ Standard
- ○ Premium
- ○ Immediate
- ○ Custom Tray
- ○ Custom Baseplate

CAST PARTIALS

- ○ Vitallium 2000
- ○ Wironium

FLEXIBLE PARTIALS

- ○ ValPlast
- ○ ValPlast w/Vitallium
- ○ ValPlast w/Wironium
- ○ TCS
- ○ TCS w/Vitallium
- ○ TCS w/Wironium

TEMP. ACRYLIC PARTIALS

- ○ Treatment Partial (flipper)
- ○ Treatment Partial w/wrought wire clasps

ACRYLIC SHADE SELECTION

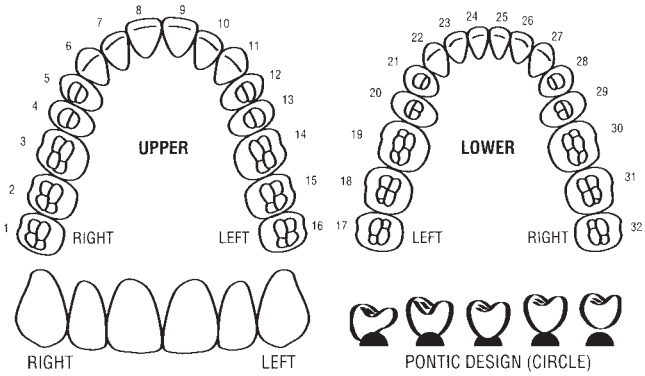
○ Light ○ Original ○ Dark ○ Maharry

NIGHT GUARDS

○ Soft ○ Hard ○ Flex ○ Hard/Soft

INSTRUCTIONS

SHADE_____ PREP SHADE_____



DOCTOR'S SIGNATURE_____

DUE DATE/TIME: _____/_____/_____ _____:_____ PM/AM

WHITE/YELLOW