

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female

Deliver on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ am / pm

### Special Instructions

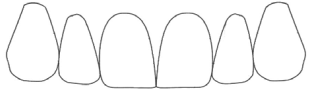
Final Shade: \_\_\_\_\_ Prep Shade: \_\_\_\_\_

Tooth Numbers to be Restored: \_\_\_\_\_

Opposing to be Restored? Y or N OK to Relieve Opposing? Y or N

Call Doctor? Y or N Photos included? Y or N

[Photos@SundanceDentalLab.com](mailto:Photos@SundanceDentalLab.com)



## experience the difference

p. 877.429.3646 | local. 480.429.3543 | f. 480.429.3697  
8010 East McDowell Rd. Suite 223 Scottsdale, AZ 85257  
sundancedentallab.com | photos@sundancedentallab.com

### Fixed Restorative Options

	Advantage	Elite
FMZ - Full Milled Zirconia	<input type="radio"/>	<input type="radio"/>
3M Lava Plus (FMZ)	<input type="radio"/>	<input type="radio"/>
Esthetic (FMZ Anterior)	<input type="radio"/>	<input type="radio"/>
IPS e-Max Zir Cad FMZ	<input type="radio"/>	<input type="radio"/>
Zeus FMZ	<input type="radio"/>	<input type="radio"/>
Zeus Ultra Micro Layered	<input type="radio"/>	<input type="radio"/>
Porcelain Fused to Metal	<input type="radio"/>	<input type="radio"/>
Porcelain Fused to Zirconia	<input type="radio"/>	<input type="radio"/>
IPS e-Max (Layered)	<input type="radio"/>	<input type="radio"/>

#### Alloy Options (PFM)

- High Noble Yellow
- High Noble White
- Noble
- Base Metal

#### Full Cast Restorations

- High Noble Yellow
- Noble Yellow
- Noble White
- Base Metal

### Implant Options

- SIMPLE-One Piece (screw retained solid zirconia crown)
- Titanium Package
- Zirconia Package
- SmileLoc Abutment by Rodo Medical
- Bicon Abutment
- CAD/CAM Titanium Bar

*\*Includes: CAD/CAM Abutment, Screw, Seating Jig, Soft Tissue Model*

### Case Design

- Porcelain Buccal Margin
- Metal Occlusal
- Metal Lingual
- Metal Occlusal
- Modified Ridgelap
- Ovate Pontic
- Sanitary

- Incisal Translucency  2.0 mm  1.5 mm  1.0 mm  None
- Labial Anatomy  Heavy  Medium  Light  None
- Surface Texture  Heavy  Medium  Light  None
- Cervical Blending  Heavy  Medium  Light  None

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please construct and deliver the dental restoration described herein*

### Removable Restorative Options

#### Dentures

- Full Upper / Full Lower
- Custom Tray
- Base and Rim
- Tooth Set Up
- Process and Finish

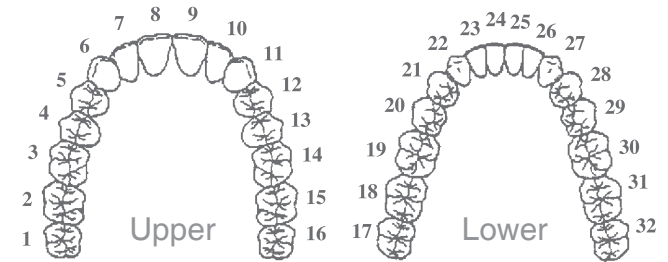
#### Partials

- Upper / Lower
- Cast Frame
- FRS Frame (flexible resin)
- Tooth Set Up
- Process and Finish

### Appliance Options

#### Upper / Lower

- Thermoplastic Splint
- Hard Processed Splint
- Hard/Soft Splint
- Hawley Retainer



### Dental Sleep Medicine

- Moses Sleep Appliance
- EMA Sleep Appliance
- Respire Appliance
- Oventus Appliance

### Diagnostic Planning

- Diagnostic wax-up kit (includes: temp stint, new bite, reduction stint)
- Diagnostic wax-up (basic)
- Tissue Reduction tooth #'s \_\_\_\_\_

### Refill Supplies

- Boxes
- RX Forms
- Air Bills

*Please Note : Net amount of invoice is due within 25 days of Statement. All balances beyond 30 days are subject to finance charge of 2%. I agree to pay reasonable attorney's fees and collection costs if this account is referred to collection.*