

Doctor: _____

Address: _____

Phone: _____

Patient Name: _____

Age: _____ Male Female

Deliver on: _____ / _____ / _____ by _____

Special Instructions

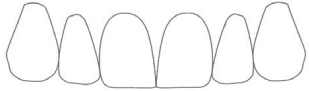
Final Shade: _____ Prep Shade: _____

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



Fixed Restorative Options

	Advantage	Elite
Zeus FMZ - Full Milled Zirconia	<input type="radio"/>	<input type="radio"/>
IPS e.Max Lithium Disilicate Pressed/CAD	<input type="radio"/>	<input type="radio"/>
IPS e-Max Lithium Disilicate (Layered)	<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"/>

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 Abutment Package - Gold Hue
- Zirconia Abutment Package
- 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

experience the difference

p. 877.429.3543 | local. 480.429.3543 | f. 480.429.3697
8010 East McDowell Rd. Suite 223 Scottsdale, AZ 85257
sundancedentallab.com | photos@sundancedentallab.com

Removable Restorative Options

Dentures

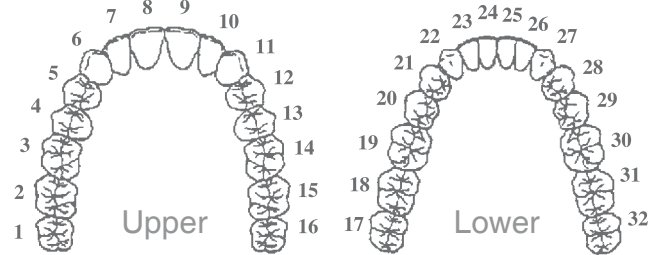
- Full Upper Full Lower
- Custom Tray
- Base and Rim
- Tooth Set Up
- Process and Finish

Partials

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

Appliance Options

- Upper Lower
- Thermoplastic Splint
- Hard Processed Splint
- Hard/Soft Splint
- Soft Splint



Dental Sleep Medicine

- Moses Sleep Appliance
- EMA Sleep Appliance
- Respire 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 / Bags
- 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.