



Texas Registration #3700
 709 E. Main St, Round Rock, TX 78664
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SHIP TO ADDRESS:

360SDM

Dr. _____
 Patient: _____

Prep. Date: _____ Male Female
 Due Date: _____ 5:00pm

ALL CERAMIC

- Full Contour Zirconia
- NexxZr Plus (High Translucent Zirconia)
- Emax Press (Anterior)
- EmaxCAD (Posterior)
- Acrylic Temps
- Emax Veneer
- Zirconia Veneer
- Lava (Porcelain Fused to Zirconia)
- Sculpture Plus (Inlay/Onlay)

PFM

- Non-Precious (Ni+Be Free)
- Semi-Precious
- High Noble White
- High Noble Yellow

FULL CAST CROWN

- Non-Precious (Ni+Be Free)
- Non-Precious Gold Plated
- Semi-Precious (Noble)
- White Gold (High Noble)
- 50% Economy Yellow (High Noble)
- 62% Yellow Gold (High Noble)

REMOVABLE

- Metal Partial Framework
- Full Denture
- Immediate Denture
- TCS (Thermoplastic)
- Stayplate/ Flipper

- Custom Tray **CLASS 1**
- Waxrim **CLASS 2**
- Setup Teeth **CLASS 3**

MISC.

- Die Trim
- Try- In
- Finish
- Repair

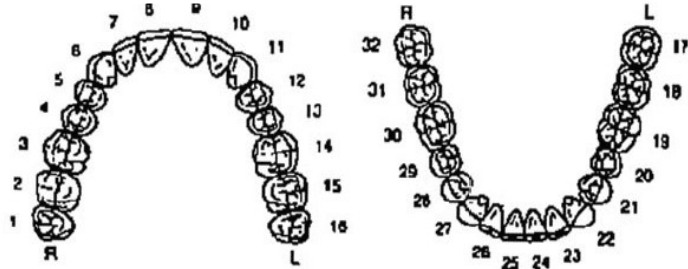
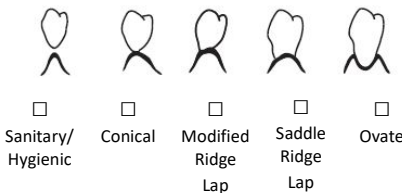
NIGHTGUARDS

- Hard Nightguard
- Soft Nightguard
- Combo Nightguard (Hard/Soft)
- Talon Nightguard (Thermoplastic)

IMPLANTS – ABUTMENT

- Screw Retained Cement Retained
- Contour Prefabricated Abutment
- CAD/CAM Emax Abutment
- CAD/CAM Titanium Abutment
- CAD/CAM Zirconia Abutment
- UCLA Abutment (Labor Only)
- Genuine Nobel Biocare
- Genuine Straumann

Implant Size _____
 Implant Company _____



OCCUSAL CLEARANCE <input type="checkbox"/> Out of Occlusion (Not Touching) <input type="checkbox"/> Light Occlusion (0.3mm) <input type="checkbox"/> In Occlusion (touching opposing)	INTERPROXIMAL CONTACT <input type="checkbox"/> Light (Broad, Not Point) <input type="checkbox"/> Medium <input type="checkbox"/> Tight (Broad)	SHADE Bite Registration ← OCCUSAL STAIN <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark EMBRASURES <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSE
INSTRUCTION Stump Shade = _____ _____ _____		

DENTIST'S SIGNATURE

A full arch impression for 4 or more units

LICENSE NO.

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.