



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

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

NIGHTGUARDS

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

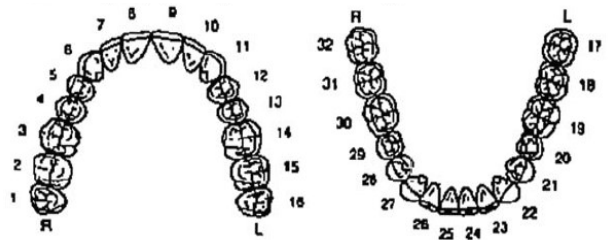
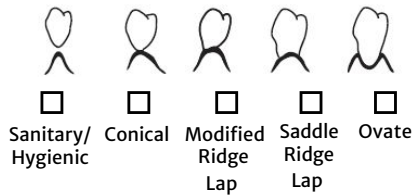
IMPLANTS - ABUTMENT

- 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 _____

MISC.

- Die Trim
- Try-In
- Finish
- Repair



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

DENTIST'S SIGNATURE

A full arch impression for 4 or more units

LICENSE NO.

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