

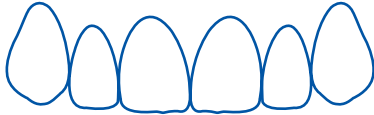
Ankeny (515) 964-1499 / Cedar Rapids (319) 298-9763

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

DATE SENT: \_\_\_\_\_ WANTED: \_\_\_\_\_

PLEASE CALL DOCTOR BEFORE STARTING THIS CASE

SHADE INSTRUCTIONS	
SHADE #: _____	
OCCLUSAL STAINING	<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY
SURFACE TEXTURE	<input type="checkbox"/> SMOOTH <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY
LUSTER	<input type="checkbox"/> SHINY <input type="checkbox"/> MODERATE <input type="checkbox"/> DULL
PORCELAIN VENEERS <i>Please Provide the Following Information:</i>	
PURPOSE OF VENEER	<input type="checkbox"/> CHANGE COLOR <input type="checkbox"/> CORRECT MALALIGNMENT
	<input type="checkbox"/> CLOSE SPACE <input type="checkbox"/> INCREASE LENGTH _____ MM
	<input type="checkbox"/> SHADE OF PREPARED TEETH _____
SPECIFIC INSTRUCTIONS	

**Rx**  
TOOTH  
NUMBER

Instructions For Fillable PDF :

- Download this file to your computer. Remember the name and location of the file.
- Open the form in Adobe Acrobat Reader. To download Adobe Acrobat Reader for free, visit : <https://get.adobe.com/reader/otherversions/>
- Fill out the form and save it to your computer.
- Either print it and mail it to Studio 32 or upload it to : <http://www.studio32dental.com/customerupload.html>

ENCLOSED WITH CASE  
 Imp  
 Bite  
 Models  
 Photos  
 Other:

## FIXED Rx

### PRODUCT SELECTION

#### ZIRCONIA

- ZR32 ZIRCONIA (FULL CONTOUR ZIRCONIA)  
 ZR32 ZIRCONIA (LAYERED)

#### ALL-CERAMIC

- IPS E.MAX® PRESS  
 IPS EMPRESS® ESTHETIC  
 FELDSPATHIC VENEERS

#### PFM ALLOYS

- NON-PRECIOUS  
 SEMI-PRECIOUS (WHITE)  
 SEMI-PRECIOUS (FLAT RATE \$149)  
 HIGH NOBLE (GOLD)

#### FULL CAST ALLOYS

- SEMI-PRECIOUS (WHITE)  
 52% GOLD  
 62% GOLD  
 ECONOMY NOBLE METAL

#### CERAMAGE ZIRCONIA SILICA

- INLAY, ONLAY  
 PINK GUM

#### IMPLANTS

- STUDIO IMPLANT ABUTMENT  
 ATLANTIS® CUSTOM ABUTMENT  
 STRAUMANN ETKON CUSTOM ABUTMENT  
 PARTS SUPPLIED by DOCTOR  
IMPLANT SYSTEM: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
 CUSTOM     STOCK  
SIZES: \_\_\_\_\_  
*Specify implant brand, system and diameter on Rx*

**NOTE: PLEASE SEND A STUDY MODEL ON ALL WORKING INVOLVING ANTERIOR TEETH**  
*(Cost of Collection of any Account will be paid by the Customer)*

Signature: \_\_\_\_\_ D.D.S. License # \_\_\_\_\_





- Please send more Rx Forms     Send more boxes     Other

### CASE SPECIFICATIONS

#### BUCCAL MARGIN DESIGN

- HAIRLINE OR \_\_\_\_\_ MM ON BUCCAL  
 METAL JUNCTION MARGIN\*  
 PORCELAIN BUTT MARGIN (90° SHOULDER REG.)  
*\* Standard unless specified otherwise*

#### METAL DESIGN

-  COPING WITH FULL PORCELAIN COVERAGE  
  METAL COPING WITH PORCELAIN COVERAGE\*  
  METAL OCCLUSAL EXCLUDING BUCCAL CUSP  
  METAL OCCLUSAL INCLUDING BUCCAL CUSP  
*\* Standard unless specified otherwise*

#### PONTIC DESIGN

-            \*            
*\* Standard unless specified otherwise*

#### STAGES

- MTI/COPING  
 BISQUE BAKE  
 GLAZED POLISH

#### IF NO OCCLUSAL CLEARANCE

- METAL OCCLUSAL  
 REDUCTION COPING  
 SPOT OPPOSING  
*\* Would you like this to be a permanent note in your master file  YES  NO*