

AESTHETIC DIGITAL SOLUTIONS

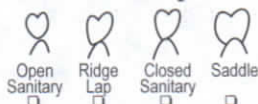


Bringing Your Practice Into the Future of Dentistry
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CASE#
TODAY'S DATE:

Dr. _____		Address: _____	
Patient _____		Due Date: _____	Note: Deliveries will be made by 5:00PM on the date requested.
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age: _____	Return for Trim <input type="checkbox"/>	Metal Try-in <input type="checkbox"/>
Shade _____	Stump Shade _____	Finish <input type="checkbox"/>	Bisc Bake Try-in <input type="checkbox"/>
<input type="checkbox"/> C&B:	<input type="checkbox"/> Details:	<input type="checkbox"/> Denture:	ENCLOSURES We are not responsible for inventory not documented here.
<input type="checkbox"/> N/P <input type="checkbox"/> S/P <input type="checkbox"/> High White Noble <input type="checkbox"/> Bruxism Zirconia <input type="checkbox"/> Full Cast (yellow) <input type="checkbox"/> Full Cast (SP) <input type="checkbox"/> Implant <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> E.max metal free	<input type="checkbox"/> Porcelain Margin <input type="checkbox"/> Metal Stop Island <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Splinted Crowns <input type="checkbox"/> Single Crowns <input type="checkbox"/> Tight Contact <input type="checkbox"/> Light Contact <input type="checkbox"/> Diastema <input type="checkbox"/> Additional Charge	<input type="checkbox"/> Flipper <input type="checkbox"/> Temporary Partial <input type="checkbox"/> Repair Denture <input type="checkbox"/> Night Guard (Soft) <input type="checkbox"/> Night Guard (Hard) <input type="checkbox"/> Partial <input type="checkbox"/> Palatal Strap <input type="checkbox"/> Full Denture <input type="checkbox"/> Valplast Setup <input type="checkbox"/> Valplast Finish	ANALOGS — GUI DE PINS — ARTICULATOR — IMPRE SSION — BITE — IMP.C OP INGS — BITE BLOCK — MODEL — CASTINGS(S) — P & C — COUNTER — PHOTOS — CU BAND — PH OTOS O N DISK — CUSTOM ABUT. — SCREW — CYL IN DERS — SH AD E TAB — DIE(S) — STUDY MODEL — FACE BOW — TRANSFER COPING —

Pontic Design



IF INADEQUATE CLEARANCE

- Reduce Opposing
- Please Call
- Reduction Coping

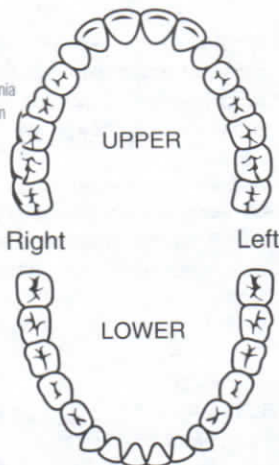
Detailed Special Instructions:

SCREW RETAINED

PFM _____ alloy
Solid Zirconia
____ 1 piece, lab cements
____ 2 piece, Dr. cements

CUSTOM ABUTMENTS

CAD _____ Titanium _____ Zirconia
____ Lab Selects System
____ Genuine



Please send:

- Rx's
- Bags
- Boxes
- Shipping labels

I UNDERSTAND THE TERMS AND CONDITIONS OF PAYMENTS:



DENTIST'S SIGNATURE

LICENSE#