



5305 E. 18TH STREET, SUITE 100
 VANCOUVER, WA 98661
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PLEASE PRINT CLEARLY AND COMPLETE ALL REQUIRED FIELDS = REQUIRED FIELDS

Clinic Name:			
Doctor Name:		License:	Signature:
Address:		City:	State: Zip Code:
Patient Name:		Today's Date: / /	<input type="checkbox"/> Try-in <input type="checkbox"/> Finish Return Date: (EOD) / /

※ **PLEASE NOTE:** Return date is considered by end of business day (EOD). Cases will be returned by end of business day on the date requested. This time may vary depending on location, shipping times, etc. Please ensure the patient is scheduled after the return date. If your case requires special attention, please call to discuss return options. Rush fees may apply.

PRODUCT SELECTION = PLEASE CHECK (✓) THE APPROPRIATE BOX

※ **IF YOU DO NOT SEE THE PRODUCT YOU WOULD LIKE PLEASE CHECK "OTHER" AND SPECIFY IN THE NOTES SECTION.**

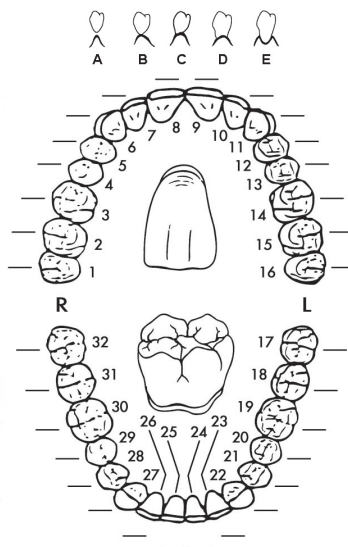
<input type="checkbox"/> - INDICATES A REQUIRED FIELD IF APPLICABLE TO THE CASE BEING PRESCRIBED. - FOR IMPLANT CASES SELECT ABUTMENT AND CROWN	IMPLANT ABUTMENTS		METAL BASED		NIGHT GUARDS		
	CUSTOM TITANIUM		PFM		COMFORT H/S		
CUSTOM UCLA GOLD		FULL GOLD		BRUXGUARD			
TI BASE		ALLOY TYPE		HARD NIGHT GUARD			
ALL CERAMIC		SELECT RETENTION STYLE		NOBLE		KEYSPLINT PRINTED	
FULL CONTOUR ZIRCONIA		SCREW	CEMENT	HIGH NOBLE		TEMPORARY	
ESTHETIC FC ZIRCONIA		IMPLANT PACKAGES		DENTURES/PARTIALS		TEMPORARY CROWN	
LAYERED ZIRCONIA		TI BASE FC ZIRCONIA		MILLED DENTURE		IMPLANT TEMP CROWN	
E. MAX		TI BASE LAYERED ZIRC.		PRINTED DENTURE		MISCELLANEOUS	
E. MAX INLAY/ONLAY		TI BASE E. MAX		CONVENTIONAL DENTURE		DIAGNOSTIC WAX-UP	
E. MAX VENEER		HYBRID DENTURE		PARTIAL FRAME		OTHER	
LAYERED E. MAX		HYBRID ZIRC. DENTURE		FLEX PARTIAL		SPECIFY IN NOTES	

SHADE STUMP SHADE

PLEASE CALL DOCTOR

NOTES:

CASE DESIGN



80500