



Custom Service Dental Laboratory
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Cosmetics and Crown & Bridge

Tex.Reg. No. 628

Dr's Name: _____ License# _____ Date: _____

Patient's Name _____ Age: _____ Sex: *M F*

Crown & Bridge

- Die Trim
- Metal Try-In
- Diagnostic Wax -Up (Matrix System)
- Bisque Bake
- Temporaries

Full Cast Crowns

- Base Metal (Non Precious)
- Yellow (Non Precious)
- Noble (White Semi-Precious)
- Noble (Yellow Semi-Precious)
- High Noble (Yellow Precious)

Porcelain Fused to Metal

- Base Metal (Non Precious)
- Semi-Precious White
- High Noble (Yellow Precious)
- High Noble (White Precious)
- Captkek Crown*

Occlusion Porcelain Metal
 In Occlusion Out of Occlusion
Margin: No Metal Bands Porc. Butt Shoulder
 Porc./Metal Lingual Band
 360° Metal Margins

Surface Anatomy: Smooth Textured Match Existing
Length of Centrals _____ mm
 (From Cervical Margin)

CK In By _____ **CK Out By** _____

Cosmetic Specialties

- Ultra Thin Veneers® **NEW**
- Lava
- Cercon
- Procera
- Procera Zirconia **NEW**
- IPS Empress Esthetic
- IPS Eris (3 Unit Bridges Recommended)
- Up To Second Bicuspid
- Cristobal + (Composite) **NEW**

CALL DR.

Please Send:
 RxPads
 Boxes
 Bags

Shade: _____
Stump Shade: _____

Special Characterizations

Occlusal Staining: Yes No

Have You included the following?
 Bite Opposing Shade Pre-Op Model
 Photos Models of Temp

Pontic Design

Soft Tissue Model:
 Yes No

Email Photography Upon Request: _____
Smile Catalog Selection: _____

Instructions: _____

The undersigned hereby authorizes Oral Designs, Inc. to order a Credit Report. I understand and acknowledge that under the Fair Credit Reporting Act, Oral Designs, Inc. may not be permitted to disclose the contents of this report and I may have to contact the Credit Reporting Agency directly for a copy of this report. The fee for the credit report will be paid by Oral Designs, Inc.

Doctor's Signature _____ **Date:** _____ **Time Needed** _____
 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 and finance costs. Invoices not paid within 30 days of statement are subject to a service charge of 1 1/2 percent per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on C.O.D. Basis. This contract performable in Bexar County, TX. In the event of a dispute, the parties agree that the venue be Bexar County.