

FIXED RESTORATIONS Rx



Oral Designs

Custom Service Dental Laboratory

All Restorations
Made in the USA

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Dr. Name _____ DDS License # _____

Office Address _____

Patient Name _____ Patient Age _____ Sex M F

Deliver by 5 pm on See Rx cov/r for in Lab/Schedule

Enclosed with case Impressions Models Bite Photos Implant Parts Other

ZIRCONIA RESTORATIONS

- Oral Z (FCZ)
- Oral Z Anterior (FCZ)
- Oral Z Ultra (fully layered zirconia)
- Oral Z Lingual (zirconia lingual only)
- LAVA
- Oral Z Full-Arch Implant Prosthesis

ALL-CERAMICS

- UltraThin Veneers (feldspathic)
- E.max Veneer (pressed)
- Lumineers
- E.max Monolithic
- E.max Layered

PROCEDURE

- Dr. To Trim Die
- Frame Try-in
- Diagnostic Wax-up
- Temporaries
- Bisque Bake
- Soft Tissue Model

CUSTOM IMPLANT ABUTMENTS

- All-Zirconia
- Titanium
- Zirconia w/Ti insert
- Gold hue
- Screw Retained PFM

PORCELAIN FUSED TO METAL

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

SHADE

- Restoration: _____
- Stump: _____
- Lab to Custom Shade
- Refer to email photos

- Specify System: 3i
- Nobel Biocare Astra
 - Straumann Zimmer

FULL-CAST

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

OCCLUSAL

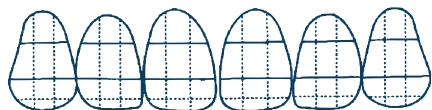
- In occlusion Staining
- Out occlusion No Staining

IF NO OCCLUSAL

CLEARANCE

- Call Dr. Reduction Coping
- Metal Occlusion Reduce Opposing

Specify Implant brand, system, and diameter on Rx



FRAME DESIGN



- No Metal Showing
- Lingual Band
- 360° Band
- Occlusal

Porcelain Butt Shoulder
(90% shoulder required)

PONTIC DESIGN



- Sanitary
- Bullet
- Modified
- Ridge-Lap
- Ovate

HAVE LAB

- Call Dr.
- Send Rx pads
- Send bags/boxes
- Send shipping labels

SAME DAY SERVICE
(With Prior Approval)

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 for by Oral Designs, Inc.

Doctor's Signature _____ Today's Date _____

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 1.5 percent per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on a 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.