

Rx DATE		DATE DUE IN OFFICE		RUSH (CHECK BOX ABOVE)	
DOCTOR'S NAME (PLEASE PRINT)					
DOCTOR'S ADDRESS				PHONE	
M / F					
PATIENT'S NAME (First Initial/Last Name)				SEX AGE	
P F M					

TEETH NUMBERS:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ALLOY:

- ☐ Porcelain Fused to NON-PRECIOUS
☐ Porcelain Fused to SEMI-PRECIOUS
☐ Porcelain Fused to HIGH NOBLE **White**
☐ Porcelain Fused to HIGH NOBLE **Yellow**
☐ Captek

TRY-IN:

- ☐ Framework
☐ Bisque

PONTIC DESIGN:

- ☐ FULL RIDGE ☐ PARTIAL RIDGE ☐ NO RIDGE ☐ SANITARY ☐ BULLET BUTT JOINT:
☐ 180°

FULL CAST:

- ☐ Full Cast Gold Crown / Inlay*
☐ Full Cast Non-Precious
☐ Other Alloy _____
* Yellow Gold, Unless Other Specified

IF NO OCCLUSAL CLEARANCE:

- ☐ Call Doctor ☐ Reduction Coping
☐ Metal Occlusion ☐ Reduce Opposing

SURFACE TEXTURE: ☐ Smooth ☐ Moderate ☐ Heavy

M E T A L - F R E E

- ☐ Empress Esthetic ☐ DZi ☐ Lava
☐ E. Max ☐ Composite ☐ Other

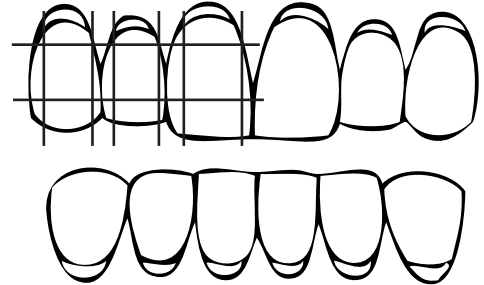
SHADING CHART

Shade of
Prepared Teeth:

Shade
Desired:

- Value:
☐ High (bright)
☐ Medium
☐ Low

- Occlusal Stain:
☐ None
☐ Light
☐ Medium
☐ Heavy



R E M O V A B L E S

CAST PARTIALS

- ☐ FREE Survey/Design ☐ Casting Try-In ☐ Set-Up/Try-in
☐ Biteblock ☐ Processed Saddles ☐ Acetal Clasp

DENTURE:

- ☐ Biteblock ☐ Repair ☐ Soft Liner ☐ Bruxi-Split
☐ Set-up ☐ Reline ☐ Flexible
☐ Finish ☐ Rebase

TYPE OF TEETH:

- ☐ Premium ☐ Economy ☐ Other: _____

Shade: Ant. _____ Post. _____

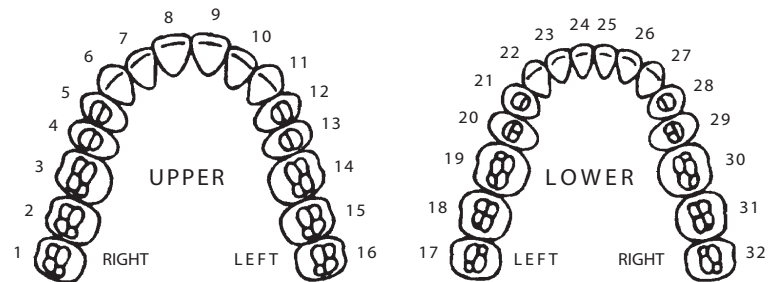
ACRYLIC:

- ☐ Regular ☐ Flexible Partial ☐ Smooth ☐ Characterized
☐ SR-Ivocap

FINISH:

GINGIVAL SHADE: _____

DESIGN YOUR CASE HERE:



CASE INSTRUCTIONS



**American Made™
Restorations**

- ☐ Attention: _____
☐ Call Me ☐ Please send RXs ☐ Please send Boxes
☐ Please evaluate my work ☐ Shipping Labels

SIGNATURE OF DENTIST

License #

"By signing above, I agree to pay interest charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of % per month for any work performed pursuant to this prescription and I further agree to pay all of OT's reasonable attorney's fees and collection costs in the event any amount due for work performed hereunder is referred for collection."