



16036 Gale Ave
Hacienda Heights, CA 91745

(626) 217-0708 (661) 333-9705

DR.: _____

PATIENT: _____

CA DENTAL ARTS

DUE DATE: _____ PT AGE: _____ GENDER: M F

Please Fill all appropriate fields and write clearly.

Email photos to CADentalArts@gmail.com

FIXED RESTORATIONS MATERIAL:

- Layered Zirconia
- Solid Zirconia
- IPS e.max Press
- PFM
- Diagnostic Wax
- PMMA Try-in

TMJ SPLINT AND NIGHT GUARDS:

- Hard/Soft Night Guard
- TMJ Splint (Acrylic Build Up Based On Bite)
- Clear Ortho Retainer

IMPLANT ZIRCONIA CROWN:

IMPLANT BRAND: _____

- Regular Zirconia
- Esthetic Zir.
- Cement retained
- Screw retained

PARTS SUPPLIED BY LAB

- Imp. Analog
- Stock Abut.
- Titanium Custom Abutment

DENTURES:

- Full
- Partial

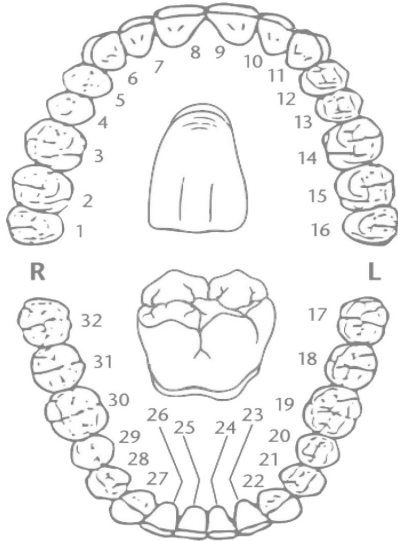
- Economy
- Premium

PARTIAL DENTURE FRAME OPTIONS:

- Acrylic
- Flexible
- Metal
- Flexible on Metal

PROCESSING CHOICES:

- Cust Tray
- Teeth Try-in
- Base+Wax
- Process and Finish



Rx Instructions:

Dr. Signature: _____

TOOTH NUMBER(S): _____

Date: _____

SHADE: _____ STUMP SHADE: _____

Dr. License # _____

Terms net 30 days 2% service charge over 30 days, cost of collection will be paid by customer



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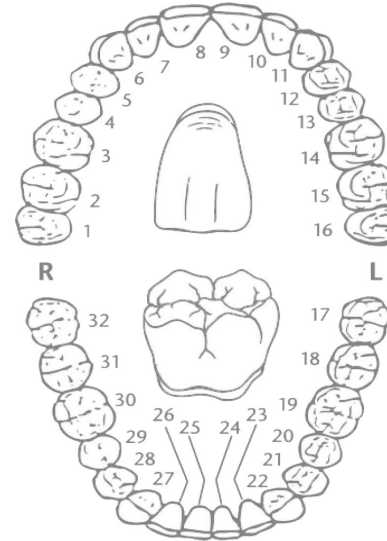
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