



**FIXED PROSTHETICS
& IMPLANTS**

DUE DATE BY NOON FINISH
 BY 5:00 PM METAL TRY-IN
 BISQUE TRY-IN

DOCTOR _____ PHONE _____

ADDRESS _____ CITY _____

PATIENT (PRINT) _____ STATE _____ ZIP _____
 FIRST NAME _____

LAST NAME _____ AGE _____ M F

PRODUCTS

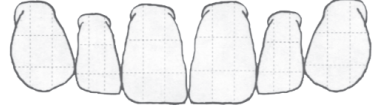
- ALL CERAMIC CROWN # _____
- PFM # _____
- BRIDGE # _____
- NOBLECAD PFM # _____
- CAST / MILLED CROWN # _____
- VENEER # _____
- INLAY / ONLAY # _____
- PRESENTATION WHITE WAX-UP # _____
- DIAGNOSTIC WAX-UP # _____
- TEMPORARY CROWN # _____
- CUSTOM ABUTMENT # _____
- IMPLANT BAR # _____
- IMPLANT STENT SURGICAL RADIOGRAPHIC
- ESSEX TEMPORARY BRIDGE # _____

MATERIALS

- ALL CERAMIC**
 - IPS EMPRESS PRESS ADD INCISAL
 - IPS E.MAX PRESS ADD INCISAL
 - LAVA ZIRCONIA _____
- METAL**
 - NOBLE TITANIUM
 - HIGH NOBLE WHITE GOLD
 - YELLOW GOLD
 - BIO 2000
- PROVISIONAL**
 - RADICA IVOCLAR TELIO

COLOR / DESIGN COMMUNICATION

ENAMEL SHADE	STUMP SHADE
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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

- SHADE**
- SEE PHOTOS WILL E-MAIL PHOTOS
 - CUSTOM SHADE - WILL SEND PATIENT
crownandbridge@brabant.com
implants@brabant.com

- DESIGN**
- REST SEAT # _____
 - PORCELAIN MARGIN # _____
 - METAL LINGUAL # _____
 - METAL OCCLUSAL # _____

ADDITIONAL INSTRUCTIONS

SIGNATURE _____ LICENSE# _____ DATE: _____

THIS IS YOUR AUTHORIZATION PURSUANT TO THE PROVISIONS OF ARTICLE II OF THE DENTAL PRACTICE ACT OF THE STATE OF CALIFORNIA TO CONSTRUCT, ALTER OR REPAIR THE DENTAL RESTORATION DESCRIBED.

PLEASE SEND RX'S FIXED /IMPLANT RX'S REMOVABLE RX'S ORTHODONTIC RX'S SLEEP BAGS BOXES LABELS