**Patient's Name**

- **Sex**: [ ] M  [ ] F
- **Age**

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### Fixed Restorations

- **(Please ☑)**
  - Single Crown
  - Bridge
  - Metal Coping Try-In
  - Other __________________________

**PFM**

- Non-Precious
- Semi-Precious
- High Noble
- Implant

**Full Cast Metal**

- Full Cast Yellow Gold
- Full Cast Non-Precious
- Full Cast Semi-Precious
- Cast Post

**All Ceramic**

- Multi-Layered Full Zirconia
- Zirconia
- E.Max Crown
- Bruxzir
- Onlay / Inlay

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### Removable Restorations

- **(Please ☑)**

**Dentures**

- Immediate Denture
- Denture Set-up
- Denture Finish
- Bite Block

**Metal Partial**

- Standard Partial (CoCr)
- Deluxe Partial (Vitallium 2000)
- Frame Try-In
- Wax Try In with Teeth
- Finish

**Specialty Products**

- Custom Tray
- Bleaching Tray
- Nightguard ( ☐ Soft ☐ Hard )
- Hawley Retainer
- Essix Retainer

**Repairs / Relines**

- Relines ( ☐ Hard ☐ Soft )
- Repairs ( ☐ Tooth ☐ Fractures ☐ Clasp )

**Flexible Partial**

- TCS Clear
- TCS ™
- Set-Up
- Finish

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### Specific Instructions

**Rx**

- Maxillary
  - Right
  - Left
- Mandibular
  - Right
  - Left

**Enclosures (Lab Use Only)**

- Impression
- Analog
- Models
- Abutment

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### Enclosures (Lab Use Only)

- Cement Tape
- Screw Tape

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### Doctor's Signature

**License**

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*Due Date needs to be at least one week from the date of pick-up.*