

Today's Date: _____

Apt Time: _____

(Please enter actual appointment dates as the delivery date will be entered into our system as the day before.)

4947 E High Noon Ave. Eagle Mountain, Utah 84005

☑ newprojectdental@gmail.com ☎ 801 654 3364

OFFICE INFORMATION

Doctor's name: _____

Office name: _____ Phone: _____

Address: _____

PATIENT INFORMATION

Name: _____ Shade: _____

Tooth + (s): _____ Prep Shade: **Required for e-max & veneers**

ALL CERAMIC POSTERIOR

- e.max
- Lisi press
- Full zirconia
- Porcelain to zirconia
- Veneer _____ (Type)

ANTERIOR COSMETICS

- Lisi (cutback/layered)
- e.max (cutback/layered)
- Full zirc w/ facial cutback

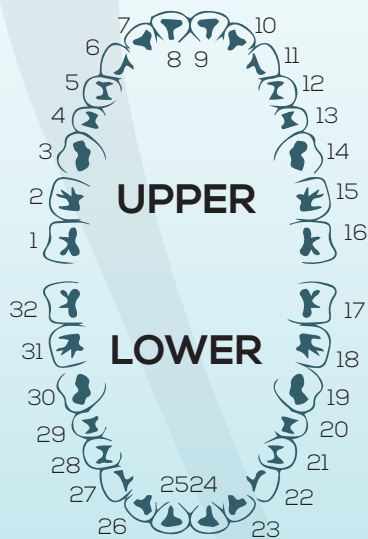
DIAGNOSTIC PLANNING

- Provisional (PMMA)
- Diagnostic Wax-Up
- Reduction guide

FULL GOLD CROWN

- White
- Yellow

Special Instructions



Contact design

- Broad
- Normal
- Narrow

Occlusion

- Light
- In
- Out

If no occlusal clearance

- Mark & adjustmen opposing
- Reduction coping
- Please contact

Occlusion stain

- None
- Light
- Medium
- Dark

Implant Details

Brand	Size	Custom Abut.	Size
<input type="checkbox"/> Nobel	_____	<input type="checkbox"/> Zirconia	_____
<input type="checkbox"/> Astra	_____	<input type="checkbox"/> Titanium	_____
<input type="checkbox"/> 3i	_____	<input type="checkbox"/> Hybrid	_____
<input type="checkbox"/> Straumann	_____	<input type="checkbox"/> Prep Enclosed	_____
<input type="checkbox"/> Zimmer	_____	<input type="checkbox"/> Screw Retained	_____
<input type="checkbox"/> Hiossen	_____		
<input type="checkbox"/> Other	_____		

Doctor Signature: _____ License #: _____

TERMS: All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. status and a late charge of 2% of the unpaid balance. Cost of collection of any account will be paid by the customer, including any attorney fees. Prices Subject to change without notice. Rx must be enclosed with original Case submission.