

DENTAL PROSTHETIC SERVICES

Fixed Rx



Doctor: _____
Phone: _____
Address: _____
City/State/ZIP: _____
Contact for case questions: _____
Contact email: _____
Email can be used for case questions? Yes No
Special Delivery Instructions: _____

Patient: _____
Age: Youthful Middle-Age Mature
Gender: Female Male
Tooth #: _____ **Shade:** _____
Shade Guide: Vita3D VitaClassic Other: _____
 Intraoral scans sent
System: _____

Deliver by 5:00pm on ____/____/____

All Ceramic Restorations

- Nautilus Full-Contour Nautilus Core
- Nautilus Elite e.max
- Simple Z e.max Esthetic
- Custom temporary
- the gallery collection *(choose restoration type)*
 - e.max Nautilus Core Nautilus Elite
 - Nautilus Full Contour

Metal Based Restorations

- PFM (Flat unit pricing - metal included)
 - High noble white (standard)
 - Noble white
 - Non precious
- Full cast (Flat unit pricing - metal included)
 - Select Metal Hue** White Yellow
 - High noble
 - Noble
 - Non precious

Diagnostic Wax Up

- Diagnostic Wax Up
 - Duplicate model Matrix for temporaries

I would like a phone call regarding instructions

Comments: _____

Pontic Design *(circle one)*



Margin & Metal Design *(circle one)*



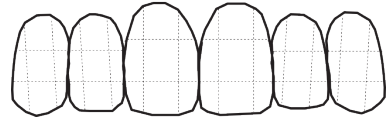
- Porcelain butt margin *(requires 1mm shoulder prep)*

Occlusion

- In occlusion Foil opposing Out of occlusion

Esthetics

- Emailed photos to shades@dpsdental.com
- Prep/stump shade: _____
- Study model included
- Occlusal staining
 - None Light Medium Dark



Please indicate texture, embrasures, shade, and characterization.

- Surface texture and contour
 - Ideal Match adjacent Match study model
 - Other: _____
- Diastemas - close all spaces? Yes No

DENTAL PROSTHETIC SERVICES
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 Cedar Rapids, Iowa 52402
 800-332-3341 • Fax 319-393-8455
www.DPSdental.com

Please send my office:

- Rx Fixed
- Rx Sleep
- Rx Removable
- Rx Implants
- Rx Ortho
- Boxes
- UPS/Mailing Labels

Doctor Signature: _____
(Please select shade, age, gender, and delivery date)