



8155 E. Indian Bend Rd., Suite 103 • Scottsdale, AZ 85250
 (480) 816-3578 • Fax: (480) 421-6325
 Toll Free: (877) 4-DENTEK • www.dentekdental.com



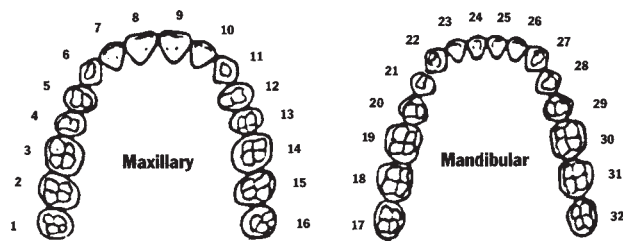
1 Dr. and Patient Information

Dr.: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

 Patient Name: _____
 Approximate Age: _____ M F

2 DUE DATE
 Due by 5:00 P.M. on:

3 Teeth To Be Restored
 (Please Circle)

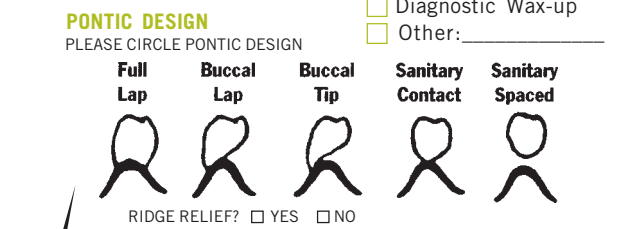


4 Natural Die Shade
 (Please Circle)

*Natural die shades are **REQUIRED** for all ceramic restorations.
ND1 ND2 ND3 ND4 ND5 ND6 ND7 ND8 ND9

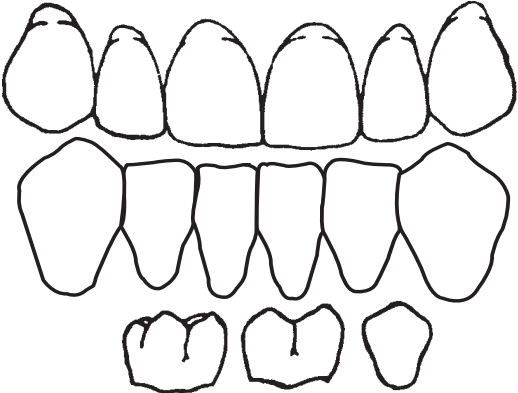
5 Material Selection
 (Flexural strength in mPA)

- ULTIMATE ESTHETICS**
 - EMPRESS ESTHETIC LAYERED (~200)
 - E.MAX pressed to Zirconia (~900)
- ALL CERAMIC**
 - EMPRESS ESTHETIC STAINED (~200)
 - IPS ERIS (~400)
 - E.MAX CERAM (~400)
 - ALUMINA CROWN (~650)
 - ZIRCONIA Crown/Bridge (~1000)
 - Targis Inlay/Onlay
 - Targis/Vectris Crown/Bridge
- PORCELAIN FUSED TO METAL**
 - Captek Crown/Bridge
 - High Noble
 - Semi Precious
 - Porcelain Butt Margin
 - Lingual Collar
 - 360 Degree Metal Collar
 - Metal Occlusal
 - Metal Lingual
- FULL CAST RESTORATIONS**
 - Crown/Inlay/Onlay
 - Post
 - Custom Implant Abutment
- OTHER SERVICES**
 - Diagnostic Wax-up
 - Other: _____



6 Characterization

SHADE: _____
 CUSTOM SHADE IN LAB
 OCCLUSAL STAIN? YES NO COLOR: _____
 HEAVY MEDIUM LIGHT



Specific Instructions

8 Dentist Information

DENTIST LICENSE NUMBER: _____
 DATE: _____
 TERMS:
 2% per month service charge on unpaid balance 30 days after statement.
 Doctors agree to pay reasonable attorney and legal expenses required if collection becomes necessary.

 Personal Signature of Dentist
 (Required)

PLEASE SEND THE FOLLOWING:

Mailing Boxes Delivery Bags Biohazard Bags Rx Forms