W. Veneer Center

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DUE DATE .....

Dr. ..... Date .....

Address .....

City ..... State ..... ZIP .....

Phone ..... Fax .....

Patient Name (Last) .....

(First) .....

Sex ☐ Female ☐ Male Age .....

MANDATORY INFORMATION (Please provide us following items for better result)

PHOTO INFO

- ☐ Pre-op / Provisional
- ☐ Facial with Smile
- ☐ Smile with Lips
- ☐ Dental Close-up
- ☐ Prep Shade
- ☐ Profile Smile

STUDY CAST

- ☐ Original
- ☐ Provisional

LAB USE ONLY

Note .....

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ALL CERAMIC RESTORATIONS

- ☐ W Veneer / Jacket # .....
- ☐ E-max # .....
- ☐ Zirconia # .....

IMPLANTS

Implant Type / Brand .....

- ☐ Screw Retained
- ☐ Cement Retained
- ☐ Stock Abutment
- ☐ CAD/CAM (Titanium)
- ☐ Zirconia Abutment

WAX UP

- ☐ Diagnostic teeth # .....

PORCELAIN FUSED TO METAL

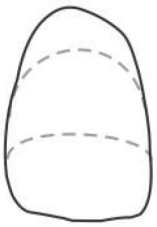
- ☐ Single Castings
- ☐ One Piece Casting
- ☐ Bisque Bake
- ☐ Finish

Teeth # .....

Porcelain Butt Shoulder Teeth # .....

COLOR & LENGTH INFORMATION

SHADE



Prep Shade
(For all Ceramic Restorations)

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Final Shade

☐ Creamy ☐ Regular Shade ☐ Translucent

LENGTH OF CENTRALS

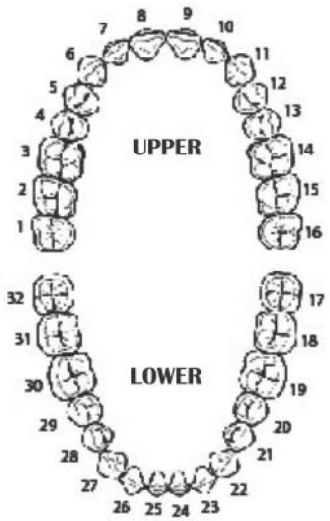
Original #8 .....

#9 .....

Final #8 .....

#9 .....

SPECIAL INSTRUCTIONS



Signature ..... Lic# .....

Each Rx must be signed by doctor with a license number. Your signature is also an acceptance of the following terms. Payment Terms are net thirty (30) days.
All late payments are subject to a late charge of 1.5% per month.