

DOCTOR'S NAME/ACCOUNT NUMBER OR REFERRING DENTAL LAB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone _____ FAX _____

E-MAIL _____

1 800-919-6008



SOLUTIONSDL.COM

1000 W Wilshire Blvd. Ste #230, Nichols Hills, OK 73116

FIXED RESTORATION

SHADE _____
 OCCLUSAL STAINING

TOOTH NUMBER (S) _____

+ RESTORATION

- CROWN
- VENEER
- BRIDGE
- INLAY/ONLAY
- POST & CORE

+ PONTIC DESIGN



DESIGN DETAILS

- 360° METAL MARGIN _____ MM
- PORCELAIN BUTT MARGIN*
- OTHER _____

- 3/4 METAL OCCLUSAL*
- METAL LINGUAL*
- METAL OCCLUSAL*
- DIAGNOSTIC WAX UP*

*ADDITIONAL CHARGE

+ ALL CERAMIC

- SDL TRANSLUCENT ZIRCONIA
- SDL FULL ZIRCONIA
- SDL LAYERED ZIRCONIA
- E.MAX PRESSED

+ COMPOSITES/TEMP

- GRADIA
- SDL TEMPORARY CROWN

+ PFM CROWNS

- NON-PRECIOUS
- SEMI-PRECIOUS WHITE GOLD
- HIGH NOBLE WHITE GOLD
- HIGH NOBLE YELLOW GOLD

+ FULL CAST

- NON-PRECIOUS
- SEMI-PRECIOUS WHITE GOLD
- SEMI-PRECIOUS YELLOW GOLD
- HIGH NOBLE WHITE GOLD
- HIGH NOBLE YELLOW GOLD
- CAST POST AND CORE
- Y+ 2% GOLD

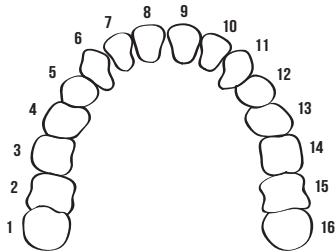
+ IMPLANT ABUTMENT

- STOCK
- CUSTOM MILLED
- HADER BAR
- CAST OVER DENTURE FRAME
- SCREW RETAINED

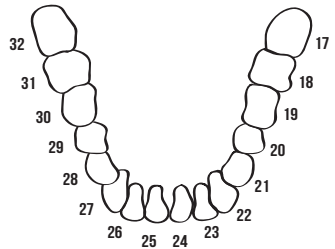
- TITANIUM
- ZIRCONIA W/TI INSERT - HYBRID

IMPLANT SYSTEM _____

DIAMETER _____



DESIGN



IF AN ADJUSTMENT IS NEEDED:

- ADJUST OPPOSING
- ADJUST ABUTMENT
- CALL THE OFFICE

DOCTOR SIGNATURE _____

LICENSE# _____

REQUIRED

REQUIRED

PATIENT'S NAME _____

DATE OF RX ____/____/____ REQUEST RETURN DATE ____/____/____

LAB USE

<input type="checkbox"/> IMPRESSION	<input type="checkbox"/> WAXUP	<input type="checkbox"/> DENTURE	<input type="checkbox"/> CROWN
<input type="checkbox"/> ARTICULATOR	<input type="checkbox"/> BITE	<input type="checkbox"/> FRAMEWORK	<input type="checkbox"/> PAYMENT
<input type="checkbox"/> MODELS	<input type="checkbox"/> BITE BLOCK	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> CASES

SHIPPING REGULAR OVERNIGHT

REMOVABLE RESTORATIONS

CHECK ALL THAT APPLY UPPER LOWER TRY-IN FINISH CUSIL STYLE
 DENTURE IMMEDIATE DENTURE BITE BLOCK

EXTRACTION TOOTH# _____ EXTRACT ALL EXTRACT NOW EXTRACT AFTER TRY-IN
 TEETH STANDARD PREMIUM* GOLD OPEN FACE* FULL GOLD*

TOOTH SHADE _____ *ADDITIONAL CHARGE

+ SDL FLEX PARTIALS	+ SDL SHADE	+ CLASP TYPE
<input type="checkbox"/> SDL FLEX <input type="checkbox"/> SDL FLEX UNILATERAL (*MAX 2 TEETH)	<input type="checkbox"/> LIGHT PINK <input type="checkbox"/> PINK (DEFAULT) <input type="checkbox"/> MEDIUM MEHARRY <input type="checkbox"/> DARK MEHARRY	<input type="checkbox"/> CAST* <input type="checkbox"/> WIRE* <input type="checkbox"/> FLEXIBLE* <input type="checkbox"/> SDL CLEAR* <small>(CAN NOT COMBINE SDL CLEAR CLASPS WITH SDL FLEX)</small>
+ METAL PARTIALS	+ ACRYLIC SHADE	+ REINFORCEMENT
<input type="checkbox"/> SDL FRAME W/ACRYLIC <input type="checkbox"/> SDL HYBRID (FLEX + FRAME COMBO) <input type="checkbox"/> SDL FRAMEWORK ONLY	<input type="checkbox"/> LUCITONE 199* <input type="checkbox"/> PINK (DEFAULT) <input type="checkbox"/> LIGHT PINK <input type="checkbox"/> LIGHT MEHARRY <input type="checkbox"/> MEDIUM MEHARRY <input type="checkbox"/> DARK MEHARRY	<input type="checkbox"/> WIRE* <input type="checkbox"/> MESH* + DESIGN <input type="checkbox"/> HORSESHOE PALATE <input type="checkbox"/> AP OPEN PALATE <input type="checkbox"/> FULL PALATAL METAL COVERAGE <input type="checkbox"/> PALATAL STRAP <input type="checkbox"/> METAL OCCLUSION <input type="checkbox"/> RESTS <input type="checkbox"/> LINGUAL APRON <input type="checkbox"/> PRECISION ATTACHMENTS* <input type="checkbox"/> LINGUAL BAR
+ ACRYLIC PARTIALS		
<input type="checkbox"/> FLIPPER (1 TOOTH ALL ACRYLIC) <input type="checkbox"/> ACRYLIC PARTIAL (WROUGHT WIRE CLASPS)		
+ VALPLAST PARTIALS		
<input type="checkbox"/> VALPLAST <input type="checkbox"/> VALPLAST CAST COMBO		

(BEST DESIGN IS FABRICATED IF NO OPTION IS SELECTED)

ATTACHMENTS _____ ERA PD HADER BAR OTHER _____

+ REPAIR	+ NIGHT GUARDS/ BITE SPLINTS <small>(UPPER UNLESS SPECIFIED)</small>	+ APPLIANCES
<input type="checkbox"/> RELINE <input type="checkbox"/> REBASE <input type="checkbox"/> BASIC REPAIR <input type="checkbox"/> SOFT LINER <input type="checkbox"/> ADD TOOTH # _____	<input type="checkbox"/> SOFT <input type="checkbox"/> HARD <input type="checkbox"/> HARD/SOFT 2MM <input type="checkbox"/> HARD/SOFT 3MM <input type="checkbox"/> SURGICAL STENT	<input type="checkbox"/> HAWLEY RETAINER <input type="checkbox"/> BAND & LOOP SPACE MAINTAINER <input type="checkbox"/> TMJ APPLIANCE <input type="checkbox"/> EMA SNORING APPLIANCE <input type="checkbox"/> SDL SNAP-IN SMILE