

EXQUISITE DENTAL TECH

713-858-0699 713-858-0134 TX#:03020

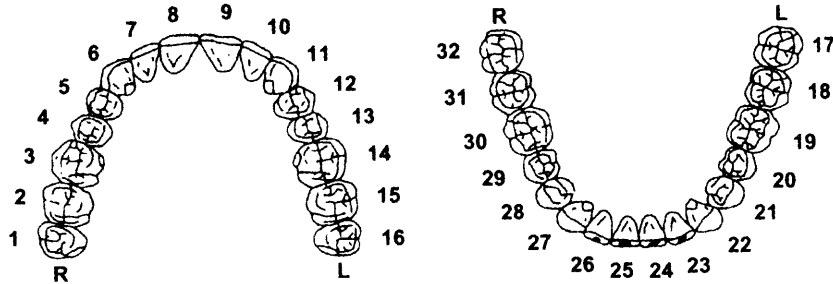
Dr. _____ Date: _____

Patient: _____

Shade: Acct# _____

Due Date: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> PFM-NON-Precious | <input type="checkbox"/> Porcelain Facial margin | <input type="checkbox"/> Framework |
| <input type="checkbox"/> PFG-High Noble | <input type="checkbox"/> Metal Occlusion | <input type="checkbox"/> Wax Rim |
| <input type="checkbox"/> Empress | <input type="checkbox"/> Metal Lingual | <input type="checkbox"/> Set up Teeth |
| <input type="checkbox"/> Zirconia | <input type="checkbox"/> Implant | <input type="checkbox"/> Stayplate Flipper |
| <input type="checkbox"/> Captek | <input type="checkbox"/> Rest Seat | <input type="checkbox"/> Valplast |
| <input type="checkbox"/> Full Cast /Gold | <input type="checkbox"/> No Metal Shown | <input type="checkbox"/> Immediate/Full Denture |



- | | | | | | |
|-------------------------------------|--|-----------------------------------|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Full Ridge | <input type="checkbox"/> Partial Ridge | <input type="checkbox"/> No Ridge | <input type="checkbox"/> Point Contact | <input type="checkbox"/> No Contact | <input type="checkbox"/> Ovate |
|-------------------------------------|--|-----------------------------------|--|-------------------------------------|--------------------------------|

Instructions:

Doctor's Signature: _____

Lic#: _____