

Doctor _____
 Address _____
 City/State _____ Zip _____
 Phone (____) _____

Case# _____



1243 E. Broadway Road, #201 Tempe, AZ 85282
 Ph (480) 449-0909 Fax (480) 449-0999
 www.danidental.com



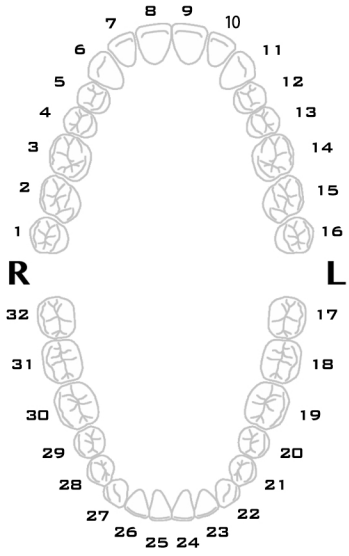
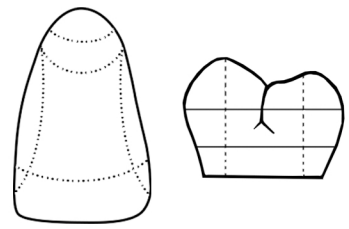
Dani Dental
STUDIO

Patient _____
 Sex M F Age _____

Rx Due _____

SHADE _____
STUMP SHADE _____

Occl. Stain:
 None
 Light
 Medium
 Dark



Mould: _____

ALL CERAMIC

- e.max**® Stained & Glazed Crown
- e.max**® Stained & Glazed Veneer
- e.max**® Layered Crown
- e.max**® Layered Veneer
- e.max**® Inlay/Onlay
- Full Zirconia **BRX**
- Zirconia Layered Crown
- Lava™ Esthetic Crown
- Katana - Crown/Veneer
- Dani Dental Signature Veneer/Crown**

PORC. FUSED TO METAL

- Base NP
- Noble
- High Noble
- Porc. Butt Margin
- Metal Occlusal/Lingual

ALL METAL

- Full Gold Crown yellow/white
- Gold Inlay/Onlay

IMPLANTS

- Titanium Stock Abut. CAD-CAM Titanium Abut.
- Zirconia Stock Abut. CAD-CAM Zirconia Abut.
- UCLA Abut.

FRAMEWORK

- Metal/Vitalium 2000 Plus (Lifetime Guarantee)
- Metal/Standard
- Duraflex
- Combination Metal
 - w/ultraflex
 - w/thermoflex
 - w/duraflex
- Solvay Standard Partial - Mid Grade Teeth
- Solvay Upgraded Partial - High Grade Teeth

MAJOR CONNECTORS

- Maxillary
- Horseshoe
 - Palatal Strap
 - A-P Strap
 - Full Coverage
- Mandibular
- Lingual Bar
 - Lingual Plate

Pt. Name in Denture
 Yes No

IN ORDER TO COMPLY WITH ARIZONA LAW, YOU MUST INDICATE YES OR NO.

CLASPING

- Wrought Wire/Location _____
Tooth #
- Akers/Location _____
Tooth #
- I Bar/Location _____
Tooth #
- T Bar/Location _____
Tooth #
- Modified T-Bar/Location _____
Tooth #
- Lab Select

RESTS

- Mesial/Location _____
Tooth #
- Distal/Location _____
Tooth #
- Cingulum/Location _____
Tooth #
- Embrasure/Location _____
Tooth #
- Lab Select

ACRYLIC

- Full Denture U / L
- Economy Denture U / L
- Immediate Denture U / L
- Flipper U / L
- Night Guard U / L
Hard / Soft / Combo
- Temporary Crown
- Reline
- Custom Impression Tray
- Surgical Guide
- Stent
- Implant Index/Jig
- Space Maintainer
- Ultraflex Clasp
- Essex Appliance

ENCLOSED

- | | |
|---|--|
| <input type="checkbox"/> Impressions | <input type="checkbox"/> Implant Parts |
| <input type="checkbox"/> Master Model | _____ |
| <input type="checkbox"/> Opposing Model | _____ |
| <input type="checkbox"/> Study Model | _____ |
| <input type="checkbox"/> Bite | _____ |
| <input type="checkbox"/> Photo | _____ |
| <input type="checkbox"/> Other | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- Pour Mount Return
- Photography

Signed _____ D.D.S. / D.M.D. Dentist's License Number _____ Date _____

All Accounts due within 30 days of statement date. A service charge of 2% per month or 24% annual will be added to past due accounts.
 Person signing the authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including reasonable attorney fees.