

Logic . Dental Design .

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| | |
|---|---|
| Doctor Name: _____ Address: _____ City: _____ State: _____ Zip: _____ | Pick-Up Date: _____ Seat Date: _____ |
| Patient Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ | |

| Fixed | |
|---|----------------------------------|
| Base Metal PFM | |
| Noble PFM | |
| * High Noble PFM | |
| Full Gold Crown | |
| Circon <small>(Zirconium Oxide)</small> | |
| Procera | <input type="checkbox"/> Galvano |
| Empress | |
| Emax | Diag. Wax-up |
| Adoro | Belleglass |
| Appliances | |
| Hard Acrylic Nightguard | |
| NTI | |
| Talon Soft/Hard Acrylic Nightguard | |

Shade Instructions

Gingival _____
 Body _____
 Oecl / Incisal _____

Stump Shade _____

OCCLUSAL STAINING

NONE* LIGHT MEDIUM DARK

* STANDARD UNLESS SPECIFIED OTHERWISE

Please Circle Restorations

Maxillary 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Mandibular 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Special Instructions

Design Instructions

| |
|--------------------------|
| If No Occlusal Clearance |
| Adjust Opposing * |
| Adjust Die |
| Metal Island |
| Metal Occlusion |

Metal Design

| Features | Occlusion | Contacts | | | | | | |
|------------------|---|------------------|-----------|--|------|-----------|-------|--|
| Porcelain Margin | Open | Open Small | | | | | | |
| Implant | Light * | Light * Med * | | | | | | |
| Fit to Partial | Medium | Med Broad | | | | | | |
| Attachments | PONTIC DESIGN | | | | | | | |
| Maryland Bridge | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Embrasure</th> </tr> <tr> <td style="padding: 2px;">Open</td> <td style="padding: 2px;">Natural *</td> </tr> <tr> <td style="padding: 2px;">Close</td> <td style="padding: 2px;"></td> </tr> </table> | | Embrasure | | Open | Natural * | Close | |
| Embrasure | | | | | | | | |
| Open | Natural * | | | | | | | |
| Close | | | | | | | | |

* Standard Protocol unless Specified Otherwise

License No: _____ Date: _____

Signature: _____

Please make a copy for your records

Net amount of invoice is due by the 15th of the month following invoice month. All balances not paid by the end of the month following invoice month are subject to a finance charge of 2% per month. I agree to pay reasonable attorney fees and collection costs if this account is referred for collections.