

Patient's Name _____

MALE FEMALE AGE _____

Case # _____

Order Date _____

Doctor Name _____

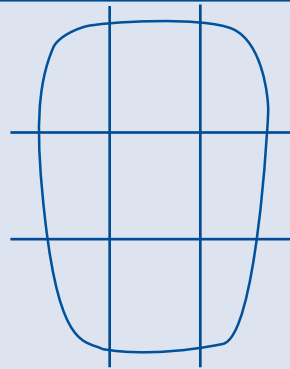
Address _____

City, St, Zip _____

Phone _____

DELIVER BY 5:00 PM ON _____

SHADE:



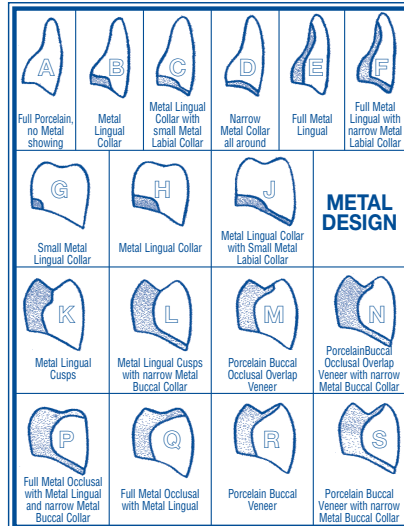
STUDY MODELS ARE STRONGLY SUGGESTED

Remake: Return restoration(s), old impression and provide a detailed reason for remake _____

PONTIC DESIGN:

-  Full Ridge
-  Partial Ridge
-  Point Contact
-  No Contact

SPECIAL INSTRUCTIONS:



5219 East 69th Place | Tulsa, OK 74136
918.744.8885 | 800.741.0002
Fax 918.744.0930
www.idasmiles.com

INTERNATIONAL DENTAL ARTS, INC.

PORCELAIN FUSED TO METAL:

Tooth # _____

- Pure Gold – 98% _____
- Non-Precious – Base _____
- Noble _____
- Yellow Gold – 89% High Noble _____
- White Gold – 52% High Noble _____

Porcelain Butt Margin Yes No

ALL CERAMIC:

Tooth # _____

- Empress – Stained _____
- Empress – Layered _____
- Empress Eris _____
- Procera – Alumina _____
- Procera – Zirconia _____
- Zirconia YZ _____
- Emax - Zircad _____

ALL METAL:

Tooth # _____

- Non-Precious – Base _____
- White SP _____
- Yellow Gold – 50% _____
- Yellow Gold – 75% _____

PLEASE SEND THE FOLLOWING:

- Rx Forms
- Shipping Labels
- Impression Bags
- Other _____

SPECIAL ENCLOSURES

- Implant Parts
- Shade Tab
- Photo(s)
- CD
- Other _____

CALL ME – I would like to speak with _____

Signature _____ Lic. # _____

A finance charge will be applied to **ALL PAST DUE BALANCES.**

Retain **YELLOW** copy for your records.