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Website: www.americandentaldesigns.com

Email: info@americandentaldesigns.com

Delivery by 5PM on _____

Patient :

(First Name, Last Name) Sex: M F

Office Code OR Account #

- New Case
- Continuation of case,
(Old case Ref #.....)
- Remake (Old Case Ref #.....)

Office Code OR Account #

Rx# 180001

Dental Office Address :

Doctor: _____ License # _____
Signature: _____

By signing or sending this Rx (or a substitute thereof) to AMERICAN DENTAL DESIGNS, INC. I unconditionally agree to abide by all terms and conditions of AMERICAN DENTAL DESIGNS

Do Not Tear

CROWN & BRIDGE	
<p>All Ceramic</p> <ul style="list-style-type: none"> <input type="checkbox"/> E.max - Monolithic <input type="checkbox"/> E.max - Layered <input type="checkbox"/> LiSi - Monolithic <input type="checkbox"/> LiSi - Layered <p>Zirconia Restorations</p> <ul style="list-style-type: none"> <input type="checkbox"/> (Zir-icron)[®] Monolithic Crown <input type="checkbox"/> Anterior Zirconia <input type="checkbox"/> Porcelain to Zirconia <p>American Esthetics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custom Shade & Multi Layered <p>Porcelain Fused to Metal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Base <input type="checkbox"/> Noble White <input type="checkbox"/> High Noble White <input type="checkbox"/> High Noble Yellow <p>Full Cast</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-Precious <input type="checkbox"/> Noble White <input type="checkbox"/> High Noble White <input type="checkbox"/> 2% Noble Yellow <input type="checkbox"/> 40% High Noble Yellow <input type="checkbox"/> 60% High Noble Yellow <p>Temporary</p> <ul style="list-style-type: none"> <input type="checkbox"/> Temp-PMMA <input type="checkbox"/> Temp Wire Reinforced <input type="checkbox"/> Diagnostic Wax-up <input type="checkbox"/> Other: _____ 	<p>Pontic Design</p> <p>Margin / Metal Design</p> <p>If No Occlusal Clearance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Metal occlusion <input type="checkbox"/> Spot opposing <input type="checkbox"/> Metal island <input type="checkbox"/> Reduction Coping <p>Occlusal Staining</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark

IMPLANTS	
<p>Custom Abutments</p> <ul style="list-style-type: none"> <input type="checkbox"/> Zirconia <input type="checkbox"/> Titanium <input type="checkbox"/> Gold Hue-Titanium <input type="checkbox"/> Prepare Existing Abutment <p>Parts Enclosed</p> <ul style="list-style-type: none"> <input type="checkbox"/> Impression post #..... <input type="checkbox"/> Lab Analog #..... <input type="checkbox"/> Abutment #..... <input type="checkbox"/> Screw #..... <p>Indicate Implant System Platform / Length</p> <p>_____</p> <p>Abutment Emergence Profile</p> <p><input type="checkbox"/> Screw retained <input type="checkbox"/> Cement retained</p>	

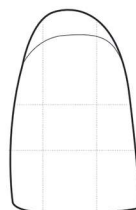
REMOVABLES	
<p><input type="checkbox"/> Upper <input type="checkbox"/> Lower</p> <p>Full Dentures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Occlusion Rim <input type="checkbox"/> Combo - Tray With Rim <input type="checkbox"/> Reline <input type="checkbox"/> Heat Cure <input type="checkbox"/> Soft Liner <input type="checkbox"/> Cold Cure <input type="checkbox"/> Repair <input type="checkbox"/> Acrylic Shade <input type="checkbox"/> Light <input type="checkbox"/> Original <input type="checkbox"/> Meharry Shade <input type="checkbox"/> Dark <input type="checkbox"/> Med <input type="checkbox"/> Light <p>Teeth Choice</p> <ul style="list-style-type: none"> <input type="checkbox"/> Economy <input type="checkbox"/> Premium <input type="checkbox"/> Mondial <input type="checkbox"/> IPN <input type="checkbox"/> Ivoclar Other _____ <input type="checkbox"/> Denture ID - Name 	<p>Partial Denture</p> <ul style="list-style-type: none"> <input type="checkbox"/> Metal Framework <input type="checkbox"/> Flexible / FRS / Valplast <input type="checkbox"/> All Acrylic <p>Night Guards</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hard/Soft - Heat Cure <input type="checkbox"/> Hard Acrylic-Heat Cure <input type="checkbox"/> Comfort <input type="checkbox"/> Dual / <input type="checkbox"/> Hard / <input type="checkbox"/> Soft <input type="checkbox"/> Athletic Mouth Guard <input type="checkbox"/> Essex Retainer <input type="checkbox"/> Bleaching Tray

Other Instructions:

Call Doctor

Stump Shade

Tooth Shade



photos@americandentaldesigns.com

Signature : _____

License # _____

Try-In Finish