



### This prescription is for Maverick VIP Studio.

VIP Patient • VIP Prosthetic • VIP Practice

The Maverick VIP team consists of our most talented and skilled technicians who deliver the highest level of aesthetics and precision. Whatever the circumstances, from VIP patients to challenging and difficult cases requiring the utmost attention and care, trust our VIP team deliver what you envision for your final outcome.

This is a premium service. Please refer to the VIP Pricing Guide for details.





866-294-7444

724-733-7444 fax: 724-733-7445 1615 Golden Mile Highway Monroeville, PA 15146

RX DATE	DUE DATE
Doctor Name	Patient Name M / F Age
Address	CONSULTATION
City, State, Zip	<ul><li>Please call regarding treatment planning</li><li>Please call regarding material choice</li><li>Please evaluate for</li></ul>
Phone Number Email Address	
SHADE	IF INSUFFICIENT ROOM  ○ Please call
Shade Desired	<ul><li>Reduce and Mark Opposing</li><li>Make Reduction Coping</li></ul> OCCLUSAL STAINING PREFERENCE
Stump Shade	○ None ○ Light ○ Medium ○ Dark

## ON ding treatment planning ding material choice NT ROOM ark Opposing on Coping

# Please Circle **Teeth Numbers LOWER**

26 25 24 23		
Assistant's Name		
Dentist's Signature	License #	
Prescription has been reviewed for accuracy, le	egibility, and completion. Impressions have been a	pproved by the doctor.

DESIGN SPECIFICATION	S	
FRAMEWORK DESIGN		
O Porcelain Butt Margin (shoulder prep required)		
C ingual Collar mm		
Hairline on Buccal		
Full Metal Bandmm		
Metal Occlusal Excluding Buccal Cusp		
Metal Occlusal Including Buccal Cusp		
Metal Lingual		
PONTIC DESIGN		
0 0 0		
6 6		
PURPOSE OF ANTERIOR RESTORATIONS		
○ Change Shade ○ Increase Length		
○ Close Spaces ○ Correct Alignment		
LENGTH OF CENTRALS	MIDLINE SHIFT	
mm From Cervical Margin	Rightmm Leftmm	
, and the second	LCILIIIII	
SHAPE & CONTOUR DESIRED	GUM TISSUE RENDERING	
○ Follow Study Model ○ Match Existing	○ Ceramics ○ Composite	
O Make Ideal	◯ To Crown/Bridge	
	○ To Substructure	
<u>DIAGNOSTICS</u>	OCCLUSAL CLEARANCE	
O Diagnostic Wax-up O Diagnostic Set-up	On Occlusion Out of Occlusionmm	
O Putty Matrix	Out of Occidsionfillin	
O Vacu-Form Matrix		

### **FULL CAST RESTORATIONS**

- O Yellow Gold
- O White Gold

#### **IMPLANTS**

- O Milled Titanium Abutment
- Milled Zirconia Abutment
- Use Genuine Implant MFR Parts
- O Stock Abutment
- O Screw-Retained
- Cement-Retained
- Cement-Retained with Screw Access Hole

**Abutment Emergence Profile** 



Tissue Displacement



Lingual Mesial Distal Buccal

Abutment Margin Depth
- Below Tissue, + Above Tissue

**Supplies Needed** 

Shipping Labels

Rx's

Bio Bags

Boxes

ZIRCONIA/ALL-CERAMIC RESTORATIONS

O EZ Esthetic Anterior Zirconia O PZ Posterior Zirconia

PROVISIONAL RESTORATIONS

O PMMA Milled Temporaries Shade

PORCELAIN FUSED TO METAL

O Porcelain to White High Noble

O Porcelain to Yellow High Noble

O Porcelain to Semi-Precious O Porcelain to Non-Precious

O Porcelain to Zirconia

O Add Fiber Reinforcement

**Items With Case** 

Pre-Op Models Model of Temps

**METAL FREE** 

COMPOSITE

O 3M Sinfony

**Impressions** 

Opposing

Photos

Bite

Payment is due in full 20 days from the date of statement. A 1.5% charge per month will be charged on past due accounts. Accounts past due will be delivered C.O.D. with past due balance added. Accounts requiring legal and/or collection services will be subject to all costs incurred including reasonable fees.

WARRANTY – Crown and Bridge - 5 years, Removable - 1 year

REMAKE POLICY – If the restoration is found to be not acceptable upon receipt or insertion, return the restoration along with all accompanying materials for a replacement at no charge. Exceptions include all cases taken to finish without try-in or resets taken to finish without second try-in.

NOT COVERED ITEMS – Cash refund, cost incurred for removal or insertion, repairs resulting from neglect, abuse or failure of supportive tooth and/or tissue structure, damages, including inconvenience, lost wages, chairtime and pain or suffering

CONDITIONS - Prosthesis must be inserted by a licensed practicing dentist or prosthodontist. Patient must adhere to semi-annual cleaning and exams. Restoration must be returned with model work for credit to be issued.