

FIXED

ZIRCONIA, METAL-FREE

- EZ Esthetic Anterior Zirconia™
- PZ Posterior Zirconia™
- Porcelain to Zirconia™
- IPS e.max™
- Sinfony™

PORCELAIN-TO-METAL

- PFM Precious-Free (Be & Ni Free)
- PFM Noble Semi-Precious
- PFM White High Noble
- PFM Yellow High Noble

FULL CAST

- Precious-Free (Be & Ni Free)
- Semi-Precious
- White High Noble
- Yellow Noble
- Yellow High Noble

OCCLUSAL CLEARANCE

- Light Occlusion
- In Occlusion
- Out of Occlusion _____ mm
- Reduce Opposing

TRANSLUCENCY

- Minimum
- Moderate
- Maximum

CONTACTS

- Point
- Broad
- Light
- Medium
- Tight

OCCLUSAL STAIN

- Light
- Moderate
- Heavy

TEMPORARIES

- Total Units _____
- Abutment tooth #s _____
- Pontic tooth #s _____
- Individual Units
- Splinted

REMOVABLE

DENTURES

- Economy Denture
- Standard Denture
- Premium Denture
- Pala® Digital Denture
- Immediate Transitional Denture
- Denture Set-up
- Denture Finish
- Custom Tray
- Base Plate/Wax Rim

CAST METAL PARTIAL

- Economy Partial (Chrome Cobalt)
- Standard Partial (Vitallium™)
- Deluxe Partial (Vitallium™ Plus)
- Frame Try-In
- Wax Try-in with Teeth
- Finish

FLEXIBLE PARTIALS

- Valplast®
- Duraflex™
- Valplast™ or Duraflex™ Subframe
- Set-up
- Injection Finish

AESTHETIC CLASPS

- Tooth Colored
- Clear

SPECIALTY PARTIALS

- Acrylic Partial (Flipper)
- Unilateral (Nesbit)
- Acrylic Partial with clasps
- Valplast®
- Metal/Acrylic

OCCLUSAL GUARDS AND SURGICAL GUIDES

- Comfort HS™ (Hard/Soft)
- Hard Bite Splint
- Functional TMJ Splint
- Athletic Mouthguard
- Bleaching Tray
- Surgical Implant Guide

RELINES/REPAIRS

- Reline Repair Hard Reline Frame Weld Fracture
- Soft Reline Tooth Clasp
- Same Day Service

SHADE

- Acrylic Pink Reddish Pink Ethnic
- Flexible Pink Ethnic Clear

Doctor _____

Street _____

City, State, Zip _____

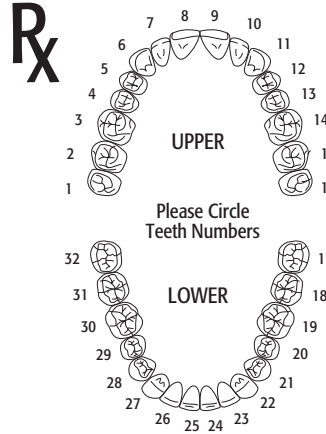
Phone _____

Patient Name _____ M F Age _____

Patient Scheduled Appointment _____

Allow 10 days in-Lab working time.
 Does not include day of arrival or delivery.

INSTRUCTIONS



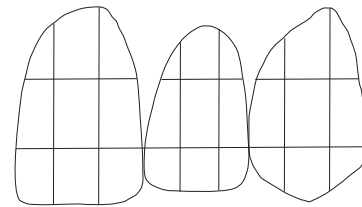
Assistant's Name _____

Dentist's Signature _____ License # _____

Prescription has been reviewed for accuracy, legibility, and completion. Impressions have been approved by the doctor.

Shade _____ Stump Shade _____

(Must be provided for metal-free) Email photos to: photos@maverickdental.com



IF THERE IS INSUFFICIENT ROOM

- Reduce and mark prep
- Reduce and mark opposing
- Fabricate reduction coping
- Place metal island
- Please call

PONTIC DESIGN

Circle One

- No Collar
- Lingual Collar _____ mm
- Full Metal band _____ mm
- Metal Hairline or _____ mm on Buccal
- Metal Occlusal Excluding Buccal Cusp
- Metal Occlusal Including Buccal Cusp
- Metal Lingual
- Porcelain Butt Margin

SUPPLIES NEEDED

- Rx's
- Boxes
- Shipping Labels
- Bio-Bags
- Turnaround Time

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.