

CASE #:



1025 153rd St SE
Suite 104 Mill
Creek WA, 98012
425.971.1634

DYNAMIC DENTAL ARTS

DR. NAME: RX DATE:

PATIENT NAME

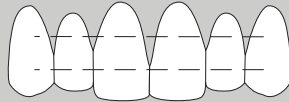
LAB DELIVERY DATE

Tooth #

MALE FEMALE AGE _____

Shade Desired _____ Stump shade _____

SPECIAL CHARACTERIZATION MAP



ENCLOSED PHOTOS CD MEMORY CARDS

RESTORATION INSTRUCTIONS

Type of Fixed Restoration

- PFM Diagnostic Wax-up
- FGC Zirconia High Strength
- Feldspathic Zirconia High Trans
- Gold Inlay/Onlay Emax

Type of Metal

- High Noble (Precious) Yellow Ceramic
- Noble (Semi Precious) Type II
- Type III

Type of Occlusal Surface

- All Porcelain 2/3 Metal
- Metal Island Full Metal

Type of Buccal Margin

- Porcelain Shoulder (Butt)
- Disappearing Margin Metal _____

Type of Lingual Margin

- Disappearing Margin Metal _____

Miscellaneous

- Pink Tissue Composite
- Mount on Semi-Adjustable Articulator

Due Dates

Wax-Up Date _____

Try In Due _____

Ceramist Consult _____

Lab To Take Custom Shade



Modified Socket Porcelain Butt Margin Full Metal Collar (360) Metal Occlusal Metal Lingual

Payment is due upon receipt of statement.
Total statement amount due Net 15 days.

All past due invoices will be subject to a finance charge.
The undersigned is responsible both corporately and personally.

Your signature is acceptance of these terms.

Dr.'s Signature License # Date

DanHenryDDA@gmail.com

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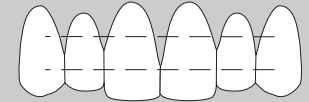
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