

**Doctor Name and Address:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

**Due by 5PM on:** \_\_\_\_\_  **Rush**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Lic:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Enclosed:**  Impression  Models  Bite  Other

**Email:** \_\_\_\_\_ **Please Send:**  Rx  Bags  Boxes  Shipping Labels

Client agrees to be bound by terms and conditions listed on StreamlineDental.com. Terms: Net 30 days or as stated on invoice. 2% service charge on past due balance.

**Material Selection** (Standard working days in lab. Working times are not guaranteed.)


<b>FIXED</b>	<b>ZIRCONIA</b> <input type="checkbox"/> Full Strength Zirconia* (5) <input type="checkbox"/> HT Layered Zirconia Crown or Veneer (5) <input type="checkbox"/> PFZ - Porcelain to Zirconia (9)	<b>PFM</b> <input type="checkbox"/> PFM Non Precious* (Nickel Free) (9) <input type="checkbox"/> PFM Semi-Precious 25 Noble (9) <input type="checkbox"/> PFM White Gold 40 High Noble (9)
	<b>EMAX®</b> <input type="checkbox"/> Emax Crown (9) <input type="checkbox"/> Emax Onlay / Inlay (9) <input type="checkbox"/> Emax Veneer (9) <input type="checkbox"/> Diagnostic Waxup + Temp Stent (9)	<b>FULL CAST</b> <input type="checkbox"/> Yellow Gold 2 Noble* (9) <input type="checkbox"/> Yellow Gold 52 High Noble (9) <input type="checkbox"/> White Non-Precious (9) <input type="checkbox"/> White Semi-Precious Noble (9)
	<b>SCREW RETAINED CROWNS</b> <input type="checkbox"/> HT Zirconia w/ Ti-Base Screw Retained (9) <input type="checkbox"/> PFM Non-Precious Screw Retained (11) <input type="checkbox"/> PFM Semi-Precious Screw Retained (11) <input type="checkbox"/> PFZ with Ti-Base Screw Retained (11)	<b>CUSTOM ABUTMENTS</b> <i>(Select crown material from options above)</i> <input type="checkbox"/> Titanium* (8) <input type="checkbox"/> Zirconia with Ti-Base (8) <input type="checkbox"/> Non-Precious with UCLA (10) <input type="checkbox"/> Semi-Precious with UCLA (10)
<b>IMPLANTS</b>	<b>FULL ARCH ZIRCONIA - Screw Retained</b> <input type="checkbox"/> Verification Jig + Custom Tray + Bite (7) <input type="checkbox"/> Wax Setup Try In with Ti-Bases (7) <input type="checkbox"/> Screw Retained Acrylic Provisional (9) <input type="checkbox"/> Screw Retained HT Zirconia (11)	<b>PROVISIONALS</b> <input type="checkbox"/> Premium Temps (5) <input type="checkbox"/> Standard Temps (9) <input type="checkbox"/> Screw Retained Temps (9) <input type="checkbox"/> Cement Retained Temps (9)
	<b>FLIPPERS / NESBITS</b> <input type="checkbox"/> Acrylic 1 Tooth (3) <input type="checkbox"/> Acrylic 2-4 Teeth (3) ◦ <i>Add Flexi Clasp</i> <input type="checkbox"/> Flexi Nesbit 1 Tooth Unilateral (4) <input type="checkbox"/> Flexi 2-4 Teeth Unilateral (4)	<b>NIGHT GUARDS</b> <input type="checkbox"/> Hard/Soft Comfort (5) <input type="checkbox"/> Hard Only (5) <input type="checkbox"/> Soft (5) <input type="checkbox"/> Bleaching Tray (5)
	<b>FULL DENTURES</b> <input type="checkbox"/> Custom Tray (3) <input type="checkbox"/> Bite Block (3) <input type="checkbox"/> Wax Setup Try In (5) ◦ <i>Premium Teeth</i> <input type="checkbox"/> Lucitone® Finish (5) ◦ <i>Add Mesh</i> <b>IMMEDIATES:</b> <input type="checkbox"/> Immediate Denture (5) ◦ <i>Add Mesh</i> <input type="checkbox"/> Duplicate Denture (5) ◦ <i>Add Mesh</i>	<b>PARTIAL DENTURES</b> <input type="checkbox"/> Custom Tray (3) <input type="checkbox"/> Bite Block (3) <input type="checkbox"/> Wax Setup Try In (5) ◦ <i>Premium Teeth</i> <input type="checkbox"/> Lucitone® Finish (5) Clasps: ◦ <i>Wrought Wire</i> ◦ <i>Flexi</i> <input type="checkbox"/> Flexi Finish (5) <input type="checkbox"/> Immediate Partial (5) ◦ <i>WW</i> ◦ <i>Flexi</i>
<b>REMOVABLES</b>	<b>LOCATOR® OVERDENTURES</b> <input type="checkbox"/> Custom Tray (3) <input type="checkbox"/> Bite Block (3) <input type="checkbox"/> Cast Meshwork Frame (9) ◦ <i>Add Bite Rim</i> <input type="checkbox"/> Wax Setup Try In (5) ◦ <i>Premium Teeth</i> <input type="checkbox"/> Lucitone® Acrylic Finish (5) ◦ <i>Add Locators into Denture</i> ◦ <i>Leave Space for Dr. Chairside Pickup</i>	<b>CAST PARTIAL DENTURES</b> <input type="checkbox"/> Cr-Co Framework (9) ◦ <i>Add Bite Rim</i> <input type="checkbox"/> Vitallium® 2000 Frame (9) ◦ <i>Add Bite Rim</i> <b>Major Connector:</b> U: ◦ AP Strap ◦ Horseshoe ◦ Palatal Strap L: ◦ Lingual Bar ◦ Lingual Plate Rests: _____ Clasps: _____ ERA: _____ Hader Bar: _____
	<b>REPAIRS / RELINES</b> (3 or Rush) <input type="checkbox"/> Add Tooth <input type="checkbox"/> Add Clasp ◦ <i>WW</i> ◦ <i>Flexi</i> <input type="checkbox"/> Fracture <input type="checkbox"/> Reline <input type="checkbox"/> Weld <input type="checkbox"/> Add Mesh	<input type="checkbox"/> Wax Setup Try In (5) ◦ <i>Premium Teeth</i> <input type="checkbox"/> Lucitone® Finish (5) ◦ <i>Add Flexi Clasps</i> <input type="checkbox"/> Flexi Finish (5)

**Shade**

**FINAL SHADE:** \_\_\_\_\_  
 Gin: \_\_\_\_\_  
 Bod: \_\_\_\_\_  
 Inc: \_\_\_\_\_

**STUMP COLOR:** \_\_\_\_\_

**Gingival Color**  Original\*  Light Pink  Light Dark  Dark



**Crown Preferences**

**OCCLUSAL CONTACT**  
 Normal\*  Light  Out of Occlusion

**IF SHORT ON OCCL. SPACE**  
 Adjust Opposing\*  
 Contact Doctor  
 Reduce Prep & Mark Model  
 Metal Stop or  Metal Occlusal

**OCCLUSAL STAIN**  
 None\*  Light  Medium  Dark

**INTERPROXIMAL CONTACTS**  
 Normal\*  Tight  Broad

**PFM DESIGN**

Posterior:

Anterior:

**Implant Preferences**

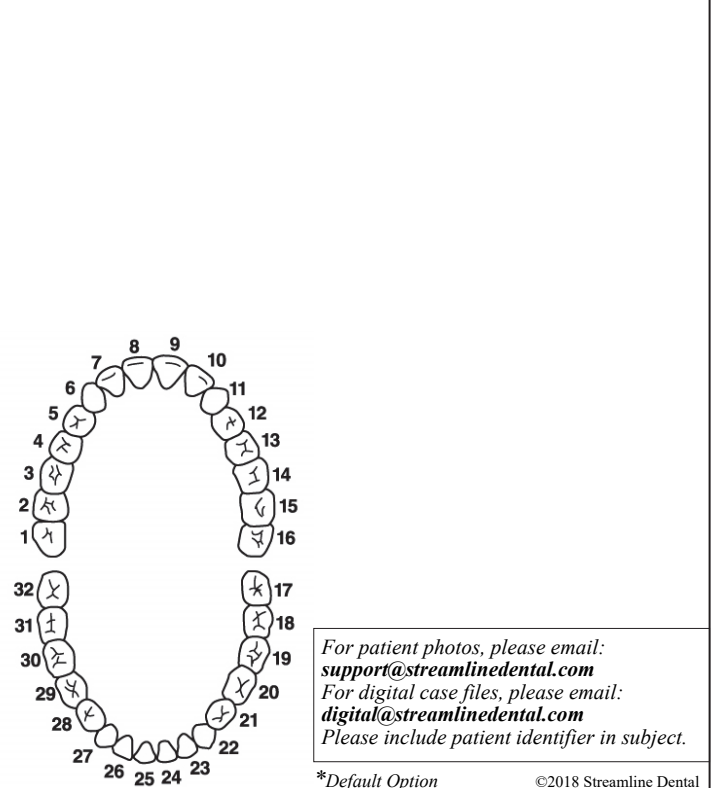
**PONTIC / IMPLANT CROWN DESIGN**

**ABUTMENT DESIGN**

**IMPLANT BRAND**

System Name: \_\_\_\_\_  
 Interface Size: \_\_\_\_\_

**Rx**



For patient photos, please email:  
 support@streamlinedental.com  
 For digital case files, please email:  
 digital@streamlinedental.com  
 Please include patient identifier in subject.

\*Default Option

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