

**Doctor's Instructions:**

Date Mailed: \_\_\_\_\_ Due Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Please mark enclosed items:**

- Impression  Bite  Model  
 Shade Tab  Study Model  
 Implant Parts \_\_\_\_\_

**All Ceramic Full Contour Zirconia**

- e.max®  BruxZir®  
 Prep Shade \_\_\_\_\_  BioZir  
 Porc. Fused to Zirconia  BruxZir® Anterior

**Porcelain Fused to Metal**

- Porcelain to Non-Precious  Porcelain to Yellow High Noble  
 Porcelain to Semi-Precious  Captek™  
 Porcelain to White High Noble  Maryland Bridge  
 Post and Core  Non-Precious  
 Non-Precious  Porc. Fused to Zirconia  
 Semi-Precious

**Full Cast**

- Non-Precious  White Gold  
 Semi-Precious  Yellow Gold

**Eazy Implant · Package**

- Ti Abutment w/ Full-Contour Zirconia Crown  
 Ti Abutment w/ Porcelain Fused to Zirconia Crown  
 Ti Abutment w/ Semi-Precious Crown  
 Zirconia Abutment w/ Zirconia Full-Contour Crown  
 Zirconia Abutment w/ Porcelain Fused to Zirconia Crown

**Eazy Implant · Denture**

- Screw Retained Hybrid Denture Processed  
 Bar Locator CAD/CAM Milled Overdenture  
 Locator Implant Overdenture  
 Full-Contour Zirconia Screw Retained Hybrid Bridge

**Eazy Screw Retained Crown Package**

- Screw Retained Crown - Semi-Precious

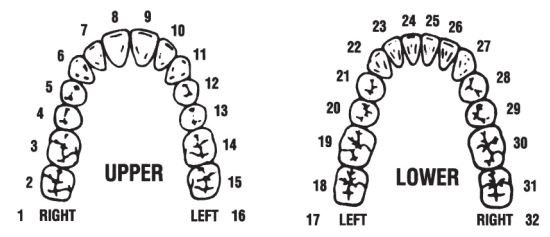
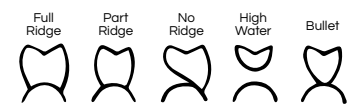
**If minimal occlusal clearance:**

- Call Doctor  Reduction coping (extra charge)  Adjust opposing  Metal island if necessary

**MARGIN DESIGN**

- Porcelain Butt  No Metal Collar  
 Lingual Metal Collar  Full Metal Lingual  
 Full Metal Band

**PONTIC DESIGN**



**Tooth Selection**

- Standard  Premium (Additional Charge)

**Dentures**

- Full Upper Denture  Full Lower Denture  
 Custom Tray  
 Base Bite Rim  
 Try-in  
 Finish

Tissue Shade \_\_\_\_\_

**Partials**

- All Acrylic  Flexi Flipper  
 Cast  Cast/Flexi Partial  
 Valplast®  Acrylic Flipper  
 Framework Only  Wax Try-in w/Frame  Finish  
 Custom Tray  Bite Rim  Try-In

Tissue Shade \_\_\_\_\_

Tooth selection used based on shade guide choice unless otherwise noted. You will receive a standard/deluxe if no type partial/denture is selected.

**ALL PACKAGES INCLUDE PARTS AND LABOR.**

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Payment is due upon receipt of statement. Total statement amount due by end of month. All past due invoices will be subject to a finance charge and collection fees. The signer is responsible both corporately and personally. Your signature is acceptance of these terms.

Has this case been disinfected?

- Yes  No

Please visit our website for product updates, specials, Rx forms, UPS labels and other useful information.

[www.biodentlaboratory.com](http://www.biodentlaboratory.com)