

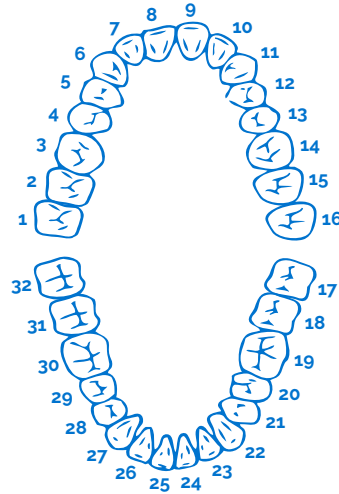
Doctor / Office \_\_\_\_\_ Prep Date \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Age \_\_\_\_\_ M  F   
 Seating Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Case Due Date  
Lab Use Only

Case Pan #  
Lab Use Only

DOCTOR NOTES

Singles \_\_\_\_\_  
 Bridge \_\_\_\_\_  
 Pontic # \_\_\_\_\_



All Apex restorations are  
**PROUDLY MADE IN THE USA**  
 with FDA compliant materials.

SHADE INSTRUCTIONS

VITA-Classic \_\_\_\_\_  
 VITA 3D Master \_\_\_\_\_  
 Stump Shade \_\_\_\_\_  
 Custom \_\_\_\_\_



Patient Phone \_\_\_\_\_

OCCL. STAINING

- None
- Light
- Heavy



ITEMS ENCLOSED

- Photos  Analog  Model
- Shade Tab  Impression  Bite
- Implant Parts  Surgeon Letter

Other \_\_\_\_\_



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 Rapid City, SD 57701  
 605-791-0652

info@prosmilesdentalstudio.com

ALL CERAMICS

- Basic ZR
- Advanced ZR
- Elite ZR
- Lithium Disilicate
- Porcelain-Fused-to-ZR

PONTIC DESIGN

- Modified Ridge Lap
- Full Ridge Lap
- Sanitary
- Bullet
- Ovate

PFM

- Non-Precious
- Noble White
- High Noble White
- High Noble Yellow

FULL CAST

- Noble Yellow
- High Noble Yellow
- Noble White
- High Noble White

IMPLANTS

CROWN

- Full-Contour Zirconia
- Porcelain-Fused-to-ZR
- Lithium Disilicate
- Other

ABUTMENT

- Zirconia
- Custom UCLA
- Titanium
- Gold Anodized
- OEM (Default)
- Third Party
- Insertion Guide

RETENTION

- Screw-Retained
- Cement-Retained

IMPLANT

- Surgeon Letter w/Case  Surgical Guide
- Manufacturer \_\_\_\_\_
- Size/Platform \_\_\_\_\_

BUCCAL COLLAR DESIGN

- Hairline or \_\_\_mm Buccal
- Porcelain Junction Margin
- Porcelain Butt Margin

METAL DESIGN

- Full Porcelain  Metal Occlusal/Lingual
- Lingual Collar  Metal Occl/Ling w Collar

ADDITIONAL SERVICES

- Diagnostic Wax-Up  PMMA Temp
- Abutment #'s  Smile Design
- Pontic #'s  Virtual  Printed

REMOVABLES & APPLIANCES

- 3D Digital Denture  Cast Framework
- Basic Denture Max \_\_\_ Mand \_\_\_
- Advanced Denture  Frame Try-In
- Elite Denture  Process/Finish
- Locator-Retained  Custom Tray
- Bar-Retained  Baseplate/Wax Rim
- Screw-Retained Hybrid
- Flexible Partial

Flipper-Teeth \_\_\_\_\_ Clasp \_\_\_\_\_

- 3D Printed Guard  Bleaching Tray
- DualGuard  1.0ml Clear Ortho Retainer
- Nightguard  Space Maintainer
- Clear/Hard  Ortho Retainer

ADDITIONAL NOTES

IF OCCLUSAL CLEARANCE IS NEEDED

- Reduce Opposing
- Reduction Coping
- Call Doctor

PLEASE SEND

- RX Forms
- Case Boxes
- Mailing Labels

Dentist Signature \_\_\_\_\_ License # \_\_\_\_\_

Only if signed by a licensed doctor will laboratory construct and deliver the herein described dental restoration.

By signing above, client agrees to pay all invoiced charges related to this case. Payment terms are Net 30 with a service charge equal to the highest allowable interest rate accruing on all outstanding balances over 30 days after statement date. Client shall be responsible for all fees, costs, and expenses expended or incurred in any suit or action for collection of past due amounts or enforcement of provisions in this Agreement. Please see reverse side or www.apexlabgroup.com for additional terms and policies.

