

BILL TO

Today's Date _____

____/____/____

Pan #
Case #



275 South Main Street
Freeport, New York 11520

Tel. 516-868-8641
Fax 516-868-1309
www.tncdental.com

Patient's Name _____

MALE FEMALE AGE _____

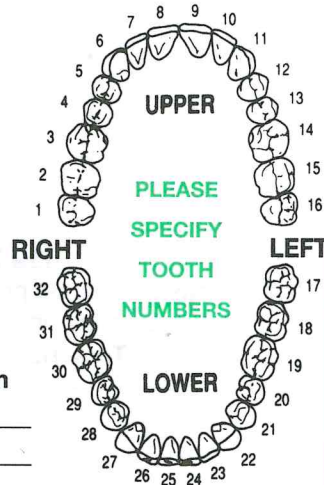
DELIVER BY 5:00 PM

ON _____
DO NOT SCHEDULE PT. FOR SAME DAY

Rx

New Returning Rush* Counter Bite

SIMPL® Implant Restoration Case: Titanium or Zirconia Abutment
Implant Brand & Size: _____



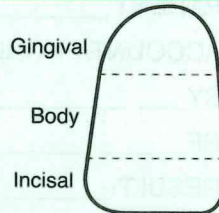
Remake: Must return restoration(s), old impression and provide a detailed reason for remake: _____

STUDY MODELS ARE STRONGLY SUGGESTED

EMAIL SHADE AND CASE PHOTOS TO:
CASEPHOTOS@TNCDENTAL.COM

FINAL TOOTH SHADE

PREP STUMP SHADE



PROCEDURE(S)

- | | | | |
|--|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Casting(s) | <input type="checkbox"/> Solder/Laser | <input type="checkbox"/> Bisc Bake | <input type="checkbox"/> Setup |
| <input type="checkbox"/> Sectioned Bridge | <input type="checkbox"/> Finish | <input type="checkbox"/> Adjustment | <input type="checkbox"/> Custom Tray |
| <input type="checkbox"/> Connected Bridge | <input type="checkbox"/> Try In | <input type="checkbox"/> Frame w/bite | <input type="checkbox"/> Bite Rim |

PLEASE SEND THE FOLLOWING

- Rx Forms UPS Labels/Boxes
 Shipping Bags Other _____

SPECIAL ENCLOSURES

- Shade Tab Other _____
 Post Photo(s)

PFM

- Non Precious
 Semi Precious
 High Noble White
 High Noble Yellow

ALL CERAMIC/COMPOSITE

- Zirlux FC (Full Contour) e.max LD CAD Crown
 Zirlux MC (Micro Cutback) e.max LD PRESS (Full Contour)
 Zirlux PLUS (Full Cutback) e.max LD MC (Micro Cutback)
 e.max LD PLUS (Full Cutback)
 e.max ZR Prime FC
 e.max ZR Prime MC

- Gradia® Composite
 Foil Laminate / Crown

FULL-CAST METAL

- Yellow Gold Semi Precious
 White Gold Non Precious

TEMPORARIES

- Cast Reinforced Wire Reinforced
 Fiber Reinforced

PONTIC:

- Full Ridge Partial Ridge Point Contact No Contact

BUCCAL COLLAR:

- No metal to show Micro-collar Full collar

- Removable Buttons** Yes No

FirstFit™

- Veneer System Bridge System Crown System

IMPLANTS

FIXED:

- Milled CAD/CAM Cast
 Hybrid Modified Stock
 Screw Retained

REMOVABLE:

- Locator Hader / Clip
 Hybrid Primary

Use authentic manufacturer parts (Additional costs may apply)

REMOVABLES

- PARTIAL UPPER PARTIAL LOWER FULL UPPER FULL LOWER

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Conventional Partial | <input type="checkbox"/> All Acrylic | <input type="checkbox"/> Flipper | <input type="checkbox"/> Night Guard: |
| <input type="checkbox"/> Flexible Partial | <input type="checkbox"/> Cusil | <input type="checkbox"/> Flipper w/clasps | <input type="checkbox"/> Hard |
| <input type="checkbox"/> Flexible Combo | <input type="checkbox"/> Immediate | <input type="checkbox"/> Bleaching Tray | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Ultaire™AKP | | | <input type="checkbox"/> Bilaminar |
| | | | <input type="checkbox"/> Thermo Plastic |

DENTURE TOOTH SELECTION

- Stock Premium Teeth * Porcelain *
Shade _____ Type _____ Mold _____

CALL ME - I would like to speak with _____

Signature _____ Lic. # _____

A late fee will be applied to **ALL PAST DUE BALANCES.**

Retain **YELLOW** copy for your records.

Thank You!

* These items incur an additional charge. Please call for details.