

# BILL TO

Today's Date \_\_\_\_\_

Pan #
Case #

Patient's Name \_\_\_\_\_  
 MALE  FEMALE AGE \_\_\_\_\_

**DELIVER BY 5:00 PM**  
 ON \_\_\_\_\_  
DO NOT SCHEDULE PT. FOR SAME DAY

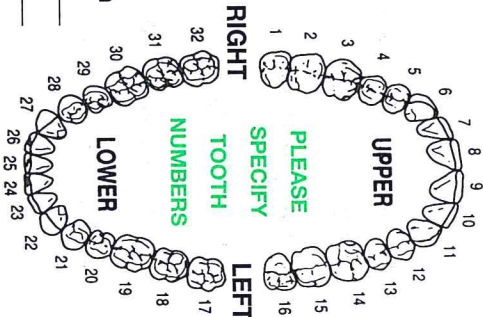
**Rx**

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@TINCIDENTAL.COM

**FINAL TOOTH SHADE**  
**PREP STUMP SHADE**

Gingival \_\_\_\_\_  
 Body \_\_\_\_\_  
 Incisal \_\_\_\_\_

**PROCEDURE(S)**

- Single Casting(s)
- Solder/Laser
- Sectioned Bridge
- Finish
- Connected Bridge
- Try In
- Bisc Bake
- Adjustment
- Frame w/bite
- Setup
- Custom Tray
- Bite Rim

**PLEASE SEND THE FOLLOWING**

- Rx Forms
- UPS Labels/Boxes
- Shipping Bags
- Other \_\_\_\_\_

**SPECIAL ENCLOSURES**

- Shade Tab
- Post
- Other \_\_\_\_\_
- Photo(s)



275 South Main Street  
 Freeport, New York 11520  
 Tel. 516-868-8641  
 Fax 516-868-1309  
 www.tncdental.com

**PFM**

- Non Precious
- Semi Precious
- High Noble White
- High Noble Yellow
- Zirlux FC (Full Contour)
- Zirlux MC (Micro Cutback)
- Zirlux PLUS (Full Cutback)
- Gradia® Composite
- Foil Laminate / Crown
- e.max LD CAD Crown
- e.max LD PRESS (Full Contour)
- e.max LD MC (Micro Cutback)
- e.max LD PLUS (Full Cutback)
- e.max ZR Prime FC
- e.max ZR Prime MC

**ALL CERAMIC/COMPOSITE**

**FULL-CAST METAL**

- Yellow Gold
- White Gold
- Semi Precious
- Non Precious
- Cast Reinforced
- Fiber Reinforced
- Wire Reinforced

**TEMPORARIES**

**PONTIC:**

- Full Ridge
- Partial Ridge
- Point Contact
- No Contact

**BUCCAL COLLAR:**

- No metal to show
- Micro-collar
- Full collar

Removable Buttons  Yes  No

**SMILE SHAPERS ALIGNERS**

- Limited 6
- Limited 12
- Limited 24

**IMPLANTS**

- |   |   |                                       |                                  |
|---|---|---------------------------------------|----------------------------------|
| <b>FIXED:</b>   | <input type="checkbox"/> Hybrid         | <input type="checkbox"/> REMOVABLE:   | <input type="checkbox"/> Locator |
| <input type="checkbox"/> Milled CAD/CAM                   | <input type="checkbox"/> Modified Stock | <input type="checkbox"/> Hader / Clip |                                  |
| <input type="checkbox"/> Cast                             | <input type="checkbox"/> Screw Retained | <input type="checkbox"/> Hybrid       | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Use authentic manufacturer parts | (Additional costs may apply)            |                                       |                                  |

**REMOVABLES**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> PARTIAL UPPER        | <input type="checkbox"/> PARTIAL LOWER | <input type="checkbox"/> FULL UPPER       | <input type="checkbox"/> 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"/> Bilaminar      |
|   |  |   | <input type="checkbox"/> Thermo Plastic |

**DENTURE TOOTH SELECTION**

- Stock
- Shade \_\_\_\_\_
- Premium Teeth \*
- Porcelain \*
- 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.

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

*Thank You!*