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Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Age \_\_\_\_\_ Male  Female   
 Completed  Bisque Try-in   
 Framework Try-in  DUE DATE \_\_\_\_\_

Teeth Numbers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17


## Restorative Information

<b>Crowns and Bridges</b> <input type="checkbox"/> Porcelain Fused to White High Noble <input type="checkbox"/> Porcelain Fused to Yellow High Noble <input type="checkbox"/> Porcelain Fused to Zirconia <input type="checkbox"/> Full Zirconia crown <input type="checkbox"/> IPS e.max <input type="checkbox"/> Layered or <input type="checkbox"/> Shaded <input type="checkbox"/> Full Gold Crown/Bridge	<b>Veneers, Inlays, Onlays</b> <input type="checkbox"/> e.max Veneer <input type="checkbox"/> Porcelain Veneer (Feldspatic) <input type="checkbox"/> e.max Inlay/Onlay <input type="checkbox"/> Vita Enamic Inlay/Onlay <input type="checkbox"/> Lava Ultimate Inlay/Onlay <input type="checkbox"/> Gold Inlay/Onlay	<b>Implant Restorations</b> <input type="checkbox"/> PFM Crown Cemented <input type="checkbox"/> PFM Crown Screw Retained <input type="checkbox"/> Zirconia Based Crown - Cemented <input type="checkbox"/> Zirconia Based Crown - Screw Retained <input type="checkbox"/> Full Zirconia Crown - Cemented <input type="checkbox"/> Full Zirconia Crown - Screw Retained	<b>Temporary Restorations</b> <input type="checkbox"/> CAD PMMA Shell <input type="checkbox"/> CAD PMMA <input type="checkbox"/> Cement Retained <input type="checkbox"/> Screw Retained
<b>Implant Abutments</b> <input type="checkbox"/> Custom Abutment <input type="checkbox"/> Zirconia <input type="checkbox"/> Titanium <input type="checkbox"/> Atlantis Abutment <input type="checkbox"/> Zirconia <input type="checkbox"/> Titanium <input type="checkbox"/> Encode Abutment <input type="checkbox"/> Zirconia <input type="checkbox"/> Titanium	<b>Miscellaneous</b> <input type="checkbox"/> Diagnostic Wax-up <input type="checkbox"/> Bleaching Trays <input type="checkbox"/> Cast Post <input type="checkbox"/> Night Guard <input type="checkbox"/> Surgical Stent	<b>Dentures</b> <input type="checkbox"/> Full Denture <input type="checkbox"/> Reline <input type="checkbox"/> Partial Denture <input type="checkbox"/> Rebase <input type="checkbox"/> Metal Frame <input type="checkbox"/> Custom Tray	

## Additional Instructions or Comments

Desired Shade: \_\_\_\_\_ Shade of Preps: \_\_\_\_\_

Enclosures  
 Shade Tab  Photos  Photos emailed to: photos@CAD-Dental.com  
 Study Models  Diagnostic Wax-up  Other \_\_\_\_\_

<b>Surface Texture</b> <input type="checkbox"/> Smooth <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<b>Occlusal Stain</b> <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	<b>Incisal Translucency</b> <input type="checkbox"/> Minimum (0.5mm) <input type="checkbox"/> Moderate (1.0 mm) <input type="checkbox"/> Maximum (1.5 mm)	<b>Pink Porcelain</b> <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark
<b>Margin Design for PFM</b> Buccal _____mm Lingual _____mm <input type="checkbox"/> Porcelain Margin <input type="checkbox"/> Porcelain Margin <input type="checkbox"/> Dissappearing <input type="checkbox"/> Dissappearing <input type="checkbox"/> Metal Collar _____mm <input type="checkbox"/> Metal Collar _____mm		<b>Circle Pontic Design</b>  Ovate Full Buccal Sanitary High _____mm Lap Contact High	

Signature \_\_\_\_\_ Lic No. \_\_\_\_\_  
 By the Dentist's submission of this form to CAD Dental Laboratory, Inc. Dentist agrees to a contract for the sale and delivery of the specially manufactured goods mentioned herein and are subject to the following terms and conditions: 1. Failure to reasonably notify and return an appliance within 10 business days to CAD Dental Laboratory, Inc. shall constitute acceptance. 2. Credit will not be issued if an appliance is not returned to CAD Dental Laboratory, Inc. to make the required adjustments. 3. Payment is due in full after receipt of goods. Dentist further agrees to pay a late penalty of 1.5% per month, charged upon unpaid balance. Such late penalty shall commence 30 days after receipt of monthly statement. In addition, Dentist agrees to pay all costs of collection, including reasonable attorney fees, on all past due accounts. 4. This transaction shall be governed by the laws of California. Acceptance of the goods constitutes acceptance of all terms and conditions herein. This writing evidences the complete and final expression of the agreement.