



Office/Practice Name: _____

Dr. Name: _____

Address: _____

For office use only

City/State/Zip: _____

For office use only

Phone: _____

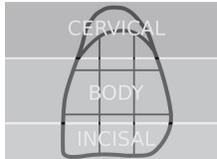
Email: _____

ok to use for Marketing and Financial ok to use for Case Communication

Patient First Name: _____ Patient Last Name: _____

Due Date: _____ Delivery by 5pm on this day unless specified here

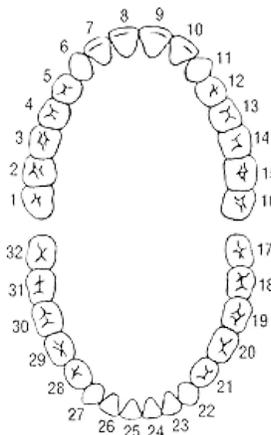
Fixed



Type of restoration: _____ **Tooth #:** _____ **Shade:** _____

- Full Zirconia Crown
- Layered Zirconia Crown
- Lithium Disilicate Crown, Veneer, In-lay/On-lay
- Layered Lithium Disilicate Crown
- Diagnostic Wax Up
- PMMA Provisional
- PFM Crown
 - High Noble Noble Base
- Full Cast Crown
 - High Noble (yellow) Noble (rose gold) Base (silver)
- Other: _____

- Custom Abutments:** Screw retained
- Titanium
 - Zirconia
 - Vendor Specific (please specify) _____



- Preferences/Clearance:**
- Reduce Prep and send reduction coping
 - Reduce Opposing and mark model
 - Call for any adjustments
 - Save my prefs and do not call

Additional Instructions:

- Included:**
- Impression
 - Bite
 - Model
 - Photos (photos@gpsdental.com)
 - Other: _____

Removable

- Full Dentures:**
- Upper
 - Lower
- Vivid Digital Dentures:**
- Economy
 - Premium
- Traditional:**
- Economy
 - Premium
- Acrylic Shade:**
- Light Pink
 - Original
 - Dark
 - 50/50
- Partials:**
- Upper
 - Lower
- Type:**
- Economy
 - Premium
- Style:**
- All Acrylic
 - Flexi
 - Metal
 - Clear

Tooth Shade: _____

- Stage:**
- Custom Tray
 - Bite Rim
 - Wax Setup
 - Finish
- Arch:**
- Upper
 - Lower

- Other:**
- Reline (hard)
 - Reline (soft)
 - Repair
 - Hard/Soft Nightguard
 - All Hard Nightguard
 - All Soft Nightguard/Sportsguard
 - Essix(clear) Retainer

Dr. Signature: _____ License #: _____