I.A.D. *precision, quality, speed*

Digitally Advanced Dental Laboratory

Dr. Name:_____ Address:_____ Phone #:_____.

Pt. Name:_____ **Due Date**:____/____/ 202____ Today's Date:____/____/ 202____/ Time:

TOOTH /SHADE

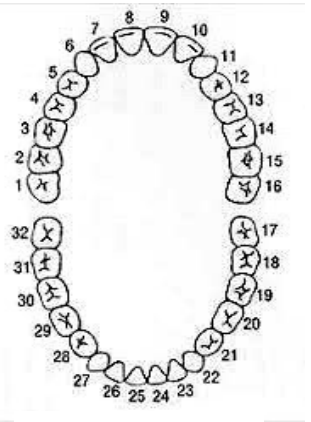
#_____/_____.

RX SPECIFIC INSTRUTIONS REGARDING THIS CASE

☐ **CALL DR REGARDING THIS CASE:**

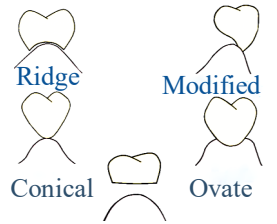
Enclosed with case

- ☐ Impressions
- ☐ Models
- ☐ Bite
- ☐ Photos
- ☐ Analog
- ☐ Abutment
- ☐ Impression Post
- ☐ Other:

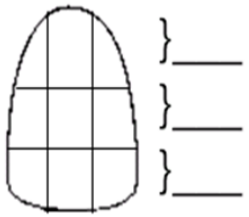


PLEASE CHECK APPLICABLE BOX BELOW

- ☐ **USE ONLY OEM IMPLANT COMPONENTS**
- ☐ **USE FDA APPROVED IMPLANT COMPONENTS**
- ☐ **CEMENTABLE CASE**
- ☐ **SCREWMENTABLE CASE**
- ☐ **SCREWRETAINED CASE**
- ☐ **NORMAL INTERPROX. CONTACT**
- ☐ **TIGHT INTERPROX. CONTACT**
- ☐ **LIGHT OCCLUSIAL CONTACT**
- ☐ **NORMAL OCCLUSIAL CONTACT**
- ☐ **OPEN OCCLUSIAL CONTACT**
- ☐ **METAL COLLAR (____mm) BUC. LING. Or 360°**
- ☐ **PORCELAIN BUT MARGINS TOOTH #____.**



Characterizations



Implant Avenue Dental

Precision, Quality, Speed

587 DAWES AVE. GLEN ELLYN IL, 60137

630.796.5424 ray.implantavenue@gmail.com

☐ √

ZIRC / ALL - CERAMIC

- ☐ HT ML ZIRCONIA CROWN
- ☐ HT ML ZIRCONIA BRIDGE
- ☐ PORC. LAYERED ZIRC CROWN
- ☐ PORC. LAYERED ZIRC BRIDGE
- ☐ E MAX CROWN
- ☐ E MAX VENEER
- ☐ E ZIRCONIA / ZirCAD CR / BRIDGE

(Suitable for single units to roundhouse case with high esthetics)

PORCELAIN TO METAL

- ☐ NON PRECIOUS CROWN / BRIDGE
- ☐ SEMI PRECIOUS CROWN / BRIDGE
- ☐ PG CROWN / BRIDGE
- ☐ FULL CAST GOLD **YHN 40% Au**
- ☐ FULL CAST GOLD **YN 2% Au**
- ☐ FULL CAST SP CROWN (WHITE)
- ☐ POST & CORE
- ☐

IMPLANT ABUTMENTS

- ☐ TITANIUM CUSTOM ABUTMENT
- ☐ ZIRCONIA CUSTOM ABUTMENT
- ☐ ANGLED CUST. ABUTMENT/S / Ti BASE
- ☐ NOBEL BIOCARE ASC
- ☐ SCREW RETAINED HT ZIRC. CR / BRIDGE
- ☐ SCREW RETAINED WITH CUSTOM ABUTMENT/S (SCREWMENTABLE)

IMPLANT RESTORATIONS

- ☐ HTML ZIRCONIA IMPLANT CROWN
- ☐ HTML ZIRCONIA IMPLANT BRIGDE
- ☐ SP IMPLANT CROWN
- ☐ SP IMPLANT BRIDGE
- ☐ TITANIUM ABUTMENT + GOLD CROWN **2% / 40%**
- ☐
- ☐
- ☐

ACRYLIC - PMMA

- ☐ TEMP CROWN
- ☐ TEMP BRIDGE
- ☐ IMPLANT TEMP CR / BRIDGE
- ☐ NIGHT - GUARD
- ☐ SURGICAL GUIDE /STENT
- ☐ DIAGNOSTIC WAX-UP
- ☐ CUSTOM TRAY
- ☐ TRINIA MERYLAND BRIDGE
- ☐ ARGEN CLEAR ALIGNERS

DOCTOR'S SIGNATURE:_____ LIC # _____:

All balances beyond 30 days are subject to Finance Charge. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.

Thank you for choosing our dental lab.