
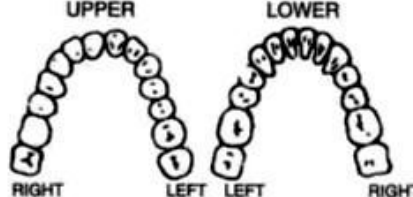





ROCHESTER TECHNICAL GROUP
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800.677.4784 : 585.482.8100

Dr. _____ Pan# _____ DATE DUE _____
 Date _____ License No. _____
 Address _____ Phone No. _____
 Patient _____ M ___ F ___ Age _____ TIME DUE _____
 Maxillary _____ Mandibular _____

<p>COSMETICS</p> <p><input type="checkbox"/> FreedomZ™ <input type="checkbox"/> Bruxer Crowns (Full Contour Zirconia) <input type="checkbox"/> PFZ - porcelain fused to zirconia (Layered) <input type="checkbox"/> IPS e. Max® <input type="checkbox"/> IPS e. Max® Layered (Please include Stump Shade for e.Max)</p> <p><input type="checkbox"/> PMMA-Milled Temporary <input type="checkbox"/> Radica® Temporary</p> <p>FULLCAST CROWN & BRIDGE</p> <p><input type="checkbox"/> Mini gold 40% <input type="checkbox"/> Gold 62% <input type="checkbox"/> Gold 50% <i>(copper free)</i> <input type="checkbox"/> Gold 20% <input type="checkbox"/> Silver Paladium <input type="checkbox"/> Non-Precious</p>	<p>PFM</p> <p><input type="checkbox"/> Metal or Frame Try-In <input type="checkbox"/> Bisque Bake Try-In <input type="checkbox"/> Finish <input type="checkbox"/> Porcelain Butt Joint ALLOY FOR PORCELAIN</p> <p><input type="checkbox"/> High Noble (Yellow) <input type="checkbox"/> High Noble (White) <input type="checkbox"/> Noble (Silver Pal.) <input type="checkbox"/> Non-Precious</p> <p>SHADE _____</p> 	<p>PARTIALS</p> <p><input type="checkbox"/> Casting Try-In <input type="checkbox"/> Alloy: <input type="checkbox"/> Vitallium <input type="checkbox"/> Wironium <input type="checkbox"/> Digi Flex™ (milled) <input type="checkbox"/> Duraflex™ (injected) <input type="checkbox"/> One Way Complete <input type="checkbox"/> Cast Clasp for Repair (3 Lab Days) <input type="checkbox"/> Cast Precision Partial-Bego® <input type="checkbox"/> Cast Sub-Frame</p> <p>UPPER LOWER</p> 	<p>DENTURE</p> <p><input type="checkbox"/> Set-up <input type="checkbox"/> Reline <input type="checkbox"/> Prefit <input type="checkbox"/> Finish <input type="checkbox"/> Rebase <input type="checkbox"/> Bite Block <input type="checkbox"/> Repair <input type="checkbox"/> Soft Liner <input type="checkbox"/> Splint</p> <p>Type of Teeth:</p> <p><input type="checkbox"/> Portrait <input type="checkbox"/> Ivoclar® Phonares®II <input type="checkbox"/> Kulzer <input type="checkbox"/> Ivoclar® BlueLine <input type="checkbox"/> Stock Teeth (Economy) <input type="checkbox"/> Other _____</p> <p>SHADE: Ant. _____ Post. _____ MOLD: Ant. _____ Post. _____</p> <p>ACRYLIC:</p> <p><input type="checkbox"/> Reg. <input type="checkbox"/> Char. Lucitone® <input type="checkbox"/> Injected Acrylic <input type="checkbox"/> DuraFlex™ <input type="checkbox"/> Packed <input type="checkbox"/> SR Ivocap Injection®</p> <p>FINISH: <input type="checkbox"/> Reg. <input type="checkbox"/> Characterized</p>
<p>Full Ridge Part Ridge No Ridge High Water Bullet</p>  <p>PLEASE SHOW PONTIC DESIGN</p>	<p>IMPLANTS: Implant System: _____ Implant Size: _____ Healing Cap Size: _____</p> <p>Type of Abutment: SH™: _____ Titanium Custom CAD _____ Zirconia Custom CAD _____ <input type="checkbox"/> Implant Jig _____</p> <p>Please Include: <input type="checkbox"/> X-Ray <input type="checkbox"/> Surgeon's Letter <input type="checkbox"/> Impression Post/Transfer <input type="checkbox"/> Analog</p>		

COMMENTS: