Professional Dental Arts

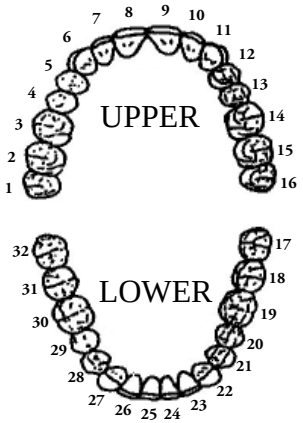
2127 E. Southern Ave., Tempe, AZ 85282, (480) 730-8865

Doctor: _____ D.D.S.

Address: _____

Patient's Name: _____ Age: _____ Sex: M / F

Date:	Date Requested:	MON:	TUE:	WED:	THUR:	FRI:	A.M. P.M.



RESTORATIONS

All Porcelain

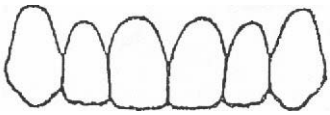
- ☐ Alumina
- ☐ Zirconia
- ☐ Inlay/Onlay

PFM

- ☐ Holistic
- ☐ High Noble
- ☐ Noble
- ☐ Base

FULL CAST

☐ Gold ☐ White Alloy



METAL BANDS

- ☐ Lingual Only
- ☐ Lingual & Buccal
- ☐ Porcelain Margin
- ☐ Metal Occlusion

TYPE PONTIC DESIGN

☐ Sanitary ☐ Modified ☐ Bullet

SHADE:

Lic#: _____

Signed: _____ **D.D.S.**

ENCLOSED WITH CASE

❑ **IMPRESSION(S)** ❑ **MODELS** ❑ **BITE**

❑ **BITE** **OTHER:** _____

	AMOUNT
TOTAL	