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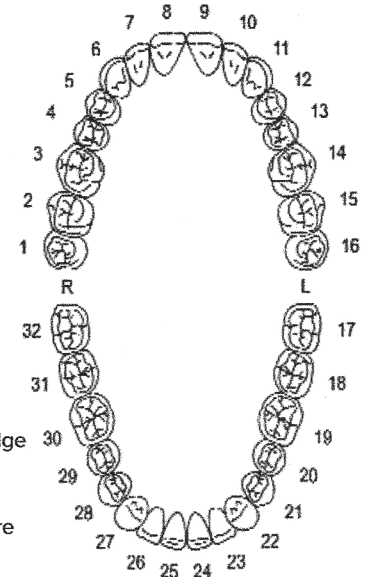
DYNAMIC

DENTAL SOLUTIONS

Doctor Name: _____ Due Date: _____

Patient Name: _____ D.O.B./Age: _____ Sex: M F

Please Identify Tooth Numbers In The Blanks Below:



All Ceramic

- _____ E.max Prime
- _____ E.max Signature
- _____ E.max ELITE Prime
- _____ E.max ELITE Signature
- _____ Lisi Prime
- _____ Lisi Signature
- _____ Zirconia Prime
- _____ Zirconia Signature
- _____ Splinted
- _____ Implant
- Stump Shade Request Below

Implant Abutments

- Implant System _____
- _____ Cad Zirconia
- _____ Cad Titanium
- _____ Stock Abutment
- _____ Other

Fixed Removables

- Zirconia Implant Bridge
- Pekkton Implant Bridge
- Titanium/Zirconia Implant Bridge
- Titanium/Acrylic Hybrid
- CAD Titanium Bar Overdenture

Restoration with Alloy

- _____ PFM- High Noble/ White Gold
- _____ PFM- Semiprecious/ Noble
- _____ Gold Crown / High Noble
- _____ Gold Crown Noble

Additional

- Acrylic/Composite Try-In (ATI)
- Metal Try In
- Bisque Try In
- Attachment Type _____
- Parts Sent With Case _____

Removables

- U / L Custom Tray
- U / L Survey + Design
- U / L Wironium Frame w/Bite
- U / L Bite Block
- U / L Tooth Set Up
- U / L Reset Teeth
- U / L Process Case
- U / L Flipper Partial
- U / L Wire Clasps
- U / L Repair
- U / L Immediate Case _____ (teeth to remove)

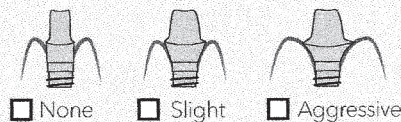
Preliminary Restorations

- _____ Study Models
- _____ Diagnostic Wax ups
- _____ Temporary Prime
- _____ Temporary Signature
- _____ Evaluation/Tx Plan
- _____ Surgical Stint
- _____ Radiographic Stint
- _____ Confirmation Jig
- _____ Bleaching Trays
- Night Guards
 - Hard/Soft
 - ThermoGuard
 - Hard

Contacts

- Normal
- Heavy + Broad
- Point

Tissue Displacement



If No Occlusal Clearance

- Lab Should Contact Dentist
- Reduction Coping
- Mark/Reduce on Opposing
- Place Metal Island

Shade

_____ * _____
 Stump Shade

- Occlusal Staining
- Light Medium
 - Dark None



Special Instructions

Signature

Date

License Number
