

Glue and Perf for Wrap Around Covers



DIGITAL DENTAL TECHNOLOGIES

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Acc#: _____

ID: **000001**

RUSH CASE FOR A FEE

Doctor's Name: _____

Office: _____

Patient's Name: _____ Sex: M F

Patient's Date of Birth: _____ Today's Date: _____

ADDITIONAL INSTRUCTIONS

CROWN & BRIDGE INSTRUCTIONS

- Single Crown Bridge Metal Coping Try-In Redo
 "Add Contact" Veneer Onlay/Inlay Post & Core
 Other: _____

- | | |
|--|--|
| <input type="checkbox"/> PFM Restorations
<input type="checkbox"/> Non-Precious
<input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Full Cast Restorations
<input type="checkbox"/> Yellow Gold
<input type="checkbox"/> White Gold
<input type="checkbox"/> Noble |
|--|--|

All-Ceramic Restorations:

- BruxZir® PFZ (Porcelain-Fused-to-Zirconia)
 IPS e.max® Full-Contour Zirconia

- | | |
|--|--|
| <input type="checkbox"/> Wide Embrasures
<input type="checkbox"/> No Metal Collar | <input type="checkbox"/> Diagnostic Wax-Up
<input type="checkbox"/> Provisional Crown |
|--|--|

If No Occlusal Clearance:

- Metal Occlusion Reduce Opposing
 Reduce Abutment

REMOVABLE INSTRUCTIONS

Full Denture

- Upper
 Lower
 Immediate Denture

Partial Denture

- Valplast® Flexible
 Acrylic Partial
 Metal Partial
 Immediate Partial

Removable Services

- Custom Tray
 Bite Block
 Teeth Setup
 Teeth Reset
 Finish
 Metal Framework
 Try-In
 Repair/Reline
 Mesh Reinforcement

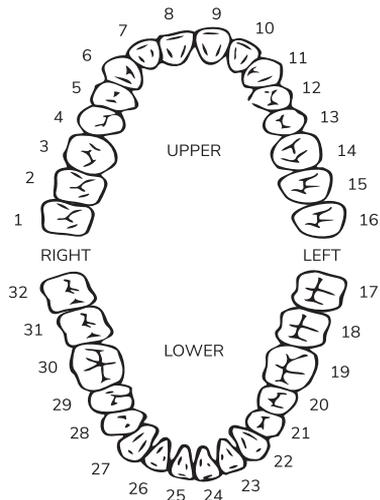
IMPLANT INSTRUCTIONS

Implant Type

- Screw-Retained Cement-Retained

Tooth #: _____

Tooth Shade: _____



Dr. Signature: _____ Date: _____