◯Remake/Repair

"Your Dental Partner"
OralDesigns
Dental Laboratory

7400 Blanco Rd #260, San Antonio, 78216
(210) 828-8102 - OralDesigns.com

Dr Name:_____ Phone:_____

Patient First Name:_____ Patient Last Name: _____ Sex:_____ Age:_____

Office Address:_____ Email:_____

Enclosed with Case: ◯ Impressions ◯ Models ◯ Bite ◯ Photos ◯ Other:_____

◯ New Doctor/Customer Doctor License #:_____ Case Due Date (by 5pm):_____

Dentures/Flippers/Flexible Partials

Dentures	*Partials*	*Select Phase*
◯ Standard Full	Acrylic Partial	◯ Custom Tray
◯ Immediate	◯ (1-3 Teeth)	◯ Bite Rim/Blocks
◯ Overdenture	◯ (4-8 Teeth)	
◯ Gasket Denture	◯ (8+ Teeth)	◯ Setup Try-In
◯ Duplicate Denture	◯ Flexible Partial	◯ Finish
	◯ Essix Partial	

◯ Classic Teeth
Tooth Shade:_____
Tooth Mould:_____

◯ Premium Brand Teeth
(Extra Charge Apply)
Brand:_____
Tooth Shade:_____
Tooth Mould:

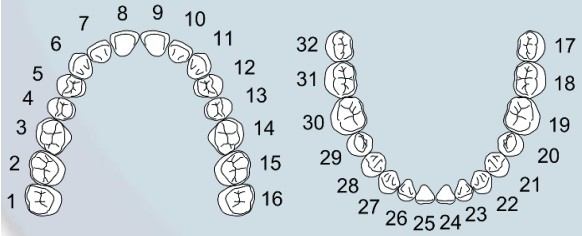
Metal Partials

◯ Chrome Cobalt Framework
◯ Lab Select Complete Design Clasp
(Extra Charge Applies)

Select Phase

◯ Metal Framework Try-In
◯ Metal Framework w/Occlusal Rim
◯ Metal Framework w/Setup Try-In
◯ Metal Framework Setup, Process, Finish

Design Partial



Nightguards/Mouthguards/Retainer

◯ *Upper* ◯ *Lower*

◯ Hard Nightguard
◯ Soft Nightguard
◯ Thermoplastic Nightguard
◯ Comfort H/S Nightguard
◯ Athletic Mouthguard
◯ Essix Retainer
◯ Essix Surgical Guide

Removable Additional Services

◯ Custom Tray
◯ Baseplate Rim
◯ Standard Hard Reline
◯ Soft Reline
◯ Surgical Guide
◯ Bleaching Tray
◯ Reset
◯ Repair

Please Specify:

_____
_____
_____

Provisional Restorations

Abutment(s):_____
Pontic(s):_____ ***Total Units:***____

◯ Splinted ◯ Cement-On Implant
◯ Individual Units ◯ Screw-Retained Implant

Prep Reduction Amount: ◯ 1mm ◯ 2mm
◯ Perio Treatment: Prepare Tooth Below Gingival
on tooth #(s):_____ ***by mm:***_____

◯ Pontic Site Healing: Prepare Ovate Socket on Tooth
#(s):_____ ***by mm:***_____

Oral Z Restorations

◯ Oral Z (FCZ)
◯ Oral Z Anterior (FCZ)
◯ Oral Z Lingual

Crown/Veneers

◯ IPS E.Max Veneer(s)
◯ IPS E.Max Crown Mono/Layered

Full Cast Restorations (FCC)

◯ Non Precious (Base Metal)
◯ White Noble
◯ Yellow Noble
◯ Other

Porcelain Fused to Metal (PFM)

◯ Non-Precious (Base Metal)
◯ White Noble
◯ Other (Please Call to Discuss)
Material:_____

Custom/Authentic Abutments

◯ Titanium
◯ Gold Hue Titanium
◯ Prepare Existing Abutment
◯ Authentic Abutment
Please Specify:_____
◯ Addition Screws (Extra Charge Applies):___

Screw Retained Restorations

◯ Oral Z (w/Ti-Base)
◯ Oral Z Anterior (w/Ti-Base)
◯ Oral Z Layered (w/Ti-Base)
◯ White Noble
◯ Other

Procedure/Shade/Occlusal

Procedure	*Shade*	*Occlusal*
◯ Wax Bite	◯ Restoration:_____	◯ In Occlusion
◯ Frame Try-In	◯ Stump:_____	◯ Out Occlusion
◯ Tooth Try-In	◯ Lab to Custom Shade	◯ Staining
◯ Reset Try-In	◯ Refer to Photos	◯ No Staining
◯ Process & Finish	◯ *Emailed*	
	◯ *Enclosed*	◯ Foil
◯ Dr to Trim Die(s)		
◯ Diagnostic Wax-up		
◯ Temporaries		
◯ Bisque Bake		

If no Occlusal Clearance

◯ Call Dr ◯ Reduce Coping
◯ Metal Occlusion ◯ Reduce Opposing

Additional Requests

◯ Call Dr ◯ Send RX Forms ◯ Send Bags/Boxes
◯ Send Shipping Labels ◯ **Rush Case** (Must Call Lab)

Instructions:_____

Pontic Design

❑ ❑ ❑ ❑ ❑

Frame Design

❑ No Metal Showing ❑ Lingual Band ❑ 360 Band ❑ Occlusal

❑ Porcelain Butt Shoulder (90% Shoulder Required)

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal and collection costs in the even of a suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to a service charge of 1.5 percent per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on a C.O.D basis. This contract performable in Bexar County, Tx. In the event of a dispute, the parties agree that the venue be Bexar County

The undersigned hereby authorizes Oral Designs, Inc. to order a Credit Report. I understand and acknowledge that under the Fair Credit Act, Oral Designs, Inc. may not be permitted to disclose the contents of this report and I may have to contact the Credit Reporting Agency directly for a copy of this report. The fee for the credit report will be paid for by Oral Designs, Inc.

Doctors Signature:_____ Date:_____