



Required Information

Date Due _____ Time _____

Full Patient Name _____

Practice Name _____

Address _____

Phone _____ Email _____

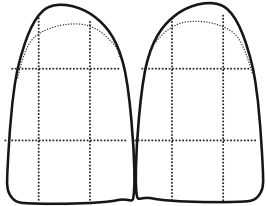
Rx Date _____

Full Doctor Name _____ Sex _____

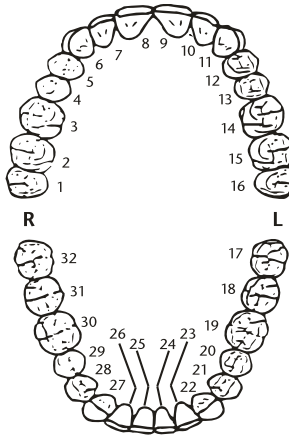
Shade _____ Shade Guide Used _____ Stump _____

Specific Instructions

Characterizations



Pontic Design



Included Items

- Impressions
- Pre Op Models
- Bite Registration
- Photos
- Other _____

If Insufficient Room

- Trim opposing*
- Call to discuss
- Reduction coping

Occlusal Contact

- Light*
- Open
- Tight

Interproximal Contact

- Light*
- Medium
- Heavy

Return for

- Die trim
- Bisque
- Finish*

**Standard design if an option is not selected*

Dr. Signature _____ Dr. License # _____

Fixed Restorations

Crown & Bridge

- Aesthetic Zirconia Layered
- Glass Ceramics (i.e. Emax)
- Veneer Restorations
- Inlay/Onlay
- Full Metal Porcelain fused to metal
 - Non Precious Noble Yellow
 - Non White High Noble Yellow
- PMMA Temporary
- Diagnostic Wax-up
- Post and Core

Implant Based

- Aesthetic Ti-Based Zirconia Layered
- CAD/CAM Custom Abutment Ti Zi
- Ti-Based PMMA Temporary
- Full Arch PMMA Prototype
- Full Arch Ti Thimble/Zi Crowns
- Full Arch Monolithic Zirconia Ti Based
- Full Arch Implant Planning
- Verification Jig
- EZ Arch

Implant Systems _____
Implant Sizes _____
Abutment Design Notes _____
Other Info _____

Complete/Partial Dentures

- Traditional
- Premium
- Immediate
- Immediate Conversion with stents
- Bone Reduction/Alveoloplasty Guide
- Custom Tray
- Base/Wax Rim
- Set Up
- Finish
- Metal Frame
- Flexible
- Acrylic Flipper
- Unilateral (NESBIT)

Specialty Products

- Essix Retainer
- Hard/Hard Night Guard
- Hard/Soft Night Guard
- Soft/Soft Night Guard
- Bleaching Tray

Repairs

- Reline
- Tooth
- Fracture
- Clasp

GUM Shade

- Original Ethnic

Name ID

- Yes No



DIGITAL FULL ARCH SOLUTIONS

1403 W. 10th Pl, Suite B104, Tempe, AZ 85281
customer_service@jbdentalaz.com (480) 567-4720