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Dr. Name \_\_\_\_\_

Address \_\_\_\_\_

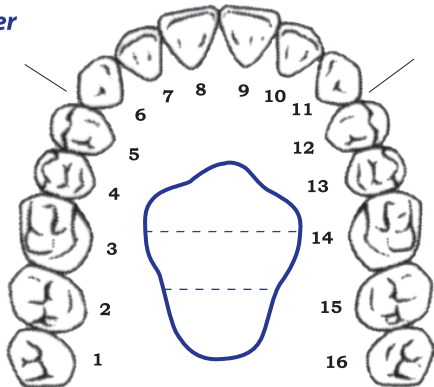
Phone (            ) \_\_\_\_\_

Dentist License # \_\_\_\_\_

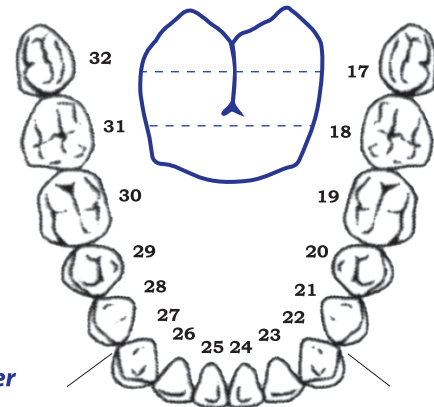
Dr. Signature (required) \_\_\_\_\_

**TERMS :** Orders not paid within 20 days of statement are subject to a term C.O.D. and delinquency charge of 2% per month. The dentist will be responsible for all collection costs including attorney's fees incurred in the event that account collection becomes necessary.

Upper



Lower



**Full Contour Choices:**

- TFZ** Translucent Full Zir. (43%) 1150Mpa
- TFZ(Plus)** High Translucent Zir. (49%) 650Mpa
- TFZ(Beyond)** Beyond High Translucent Zir.
- E.MAX** Crown / Veneer / Inlay / Onlay
- ZIR.** Inlay / Onlay / Rest / Wing

**Porcelain Layered Choices:**

- PFZ** Porcelain fused to Zir.
- PFCZ** Porcelain fused to Cut back Zir.
- PFE** Porcelain fused to Emax Crown
- PFEV** Porcelain fused to Emax Veneer

**Porcelain Fused to Metal Choices:**

- PFM** Non-Precious
- PFM** Semi-Precious
- PFM** High Noble (White)
- PFM** High Noble (Yellow)
- PFM** Captek / Bio 2000

**Implant Choices:**

- Cement Retained Crown ( PFM / ZIR )
- Screw Retained Crown ( PFM / ZIR )
- Titanium Abutment
- Titanium Abutment ( Gold Anodized )
- Titanium Base Zirconia Abutment

**Other Choices:**

- Post & Core
- Full Metal Crowns ( NP, SP, WG, YG )
- Diagnostic Wax-Up
- Printed Model

**Margin & Frame Design Choices:**

- Show No Metal
- Porcelain Butt 180 360
- Metal Band ( B, M, D, L )
- 360 Metal Margin \_\_\_\_\_ mm



**Pontic Choices:**



Pt. First Name \_\_\_\_\_

Pt. Last Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

**NOTE:** (2 Weeks) If no due date is assigned, a standard due date will be applied. Prescheduled calls for Combination and Rush Cases.

Date Sent \_\_\_\_\_

Due Date \_\_\_\_\_

PT Appointment Date & Time \_\_\_\_\_

**For Lab Use:**

**For Lab Use:**

M \_\_\_\_\_

W \_\_\_\_\_

S \_\_\_\_\_

U \_\_\_\_\_

D \_\_\_\_\_

C \_\_\_\_\_

G \_\_\_\_\_

F \_\_\_\_\_

\_\_\_\_\_ **Tooth Number(S)**

\_\_\_\_\_ **Final Shade**

\_\_\_\_\_ **Prep (Stump) Shade**

**Occlusal Contact:**

- Out of Occlusion
- Very Light
- Light
- Medium
- Heavy

**SPECIAL INSTRUCTIONS**

**Occlusal Stain**

- None
- Light
- Medium
- Dark

**If Inadequate Clearance**

- Spot Opposing
- Reduction Coping
- Metal Island
- Call DR.

**Enclosed Items**

- Impressions
- Bite Registration
- Pre-op Model
- Opposing Model
- Symmetry/Facebow
- Removable
- Photos
- E-Mail Photos
- Implant Parts
- Others \_\_\_\_\_

**Please Send :**

- Order Forms
- Boxes

**For Lab Use:**

  E   \_\_\_\_\_

  P   \_\_\_\_\_

  V   \_\_\_\_\_