

# Professional Dental Studio, Inc.

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Westland, Michigan 48185  
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1-800-410-4330

.....

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ PATIENT'S NAME \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ TEETH# \_\_\_\_\_

DATE WANTED

BISQUE BAKE TRY-IN     METAL TRY-IN     FINISH AM  
PM

NON-PRECIOUS     NOBLE     HIGH NOBLE     WHITE     YELLOW

EMPRESS     ZIRCONIA

E-CAD     EMAX PRESS     CAPTEK     RADICA

TCS     DURACETAL    DENTURE     TRY-IN     FINISH

OCCLUSAL RELIEF     FOIL     DIE SPACE     ECONOMY     PREMIUM

ALL ANTERIOR CASES SHOULD INCLUDE STUDY MODEL

INSTRUCTIONS:


**Rx** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

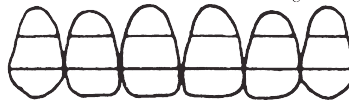
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|  |  |  |  |
|--|--|--|--|
| <p>RIDGE RELIEF</p> <p><input type="checkbox"/> NONE    <input type="checkbox"/> SLIGHT</p> <p><input type="checkbox"/> MED.    <input type="checkbox"/> HEAVY</p> <p>CONTACTS</p> <p><input type="checkbox"/> OPEN    <input type="checkbox"/> CLOSED</p> | <p><input type="checkbox"/> METAL OCC.<br/>or<br/><input type="checkbox"/> FULL<br/>COVERAGE</p> | <p>MARGINS:</p> <p><input type="checkbox"/> PORCELAIN BUTT</p> <p><input type="checkbox"/> SMALL LABIAL OR<br/>BUCCAL BAND OF METAL</p> <p><input type="checkbox"/> LINGUAL BAND</p> | <p>PONTIC DESIGN</p> <p>Stein    Point    No<br/>Contact    Contact    Contact</p> <p></p> <p>Circle Desired Design</p> |
|--|--|--|--|

CHARACTERIZED STAINING (Diagram)

Stump Shade \_\_\_\_\_

Shade \_\_\_\_\_



Guide Enclosed

Personal Signature of Dentist \_\_\_\_\_

DATE: \_\_\_\_\_

DENTIST'S LICENSE NO. \_\_\_\_\_

WHITE - LABORATORY COPY  
YELLOW - DOCTOR COPY

DO YOU NEED:     SHIPPING SUPPLIES  
                           PRESCRIPTION FORMS  
                           FEE SCHEDULE

(In Compliance With Your  
Local Dental Practice Act.)

Please send additional info/literature for

C & B

- Empress
- E-max
- Zirconia
- Press on Metal
- Press on Zirconia
- Captek
- Radica Temps

Flex Partial

- Duracetal
- Duracetal Combo Clasps
- TCS
- Flexite MP Full Denture

#### BILLING CODES

C&B

- D2740 Full Ceramic Crown
- D2783 3/4 Ceramic Crown
- D6245 Pontic Porc/Ceramic
- D6740 Crown Porc/Ceramic Bridge Abutment
- D6783 3/4 Porc/Ceramic Abutment

Flex Partial

- D5225 Flex Base Complete Maxillary
- 85226 Flex Base Complete Mandibular
- D5630 Repair Clasp
- D5660 Add Clasp

TAP Appliance

- 327.23 Obstructive
- E4086 Oral Appliance to Treat Sleep Apnea

TERMS: NET 30 DAYS ACCOUNTS OVER 45 DAYS MAY  
REQUIRE C.O.D. SHIPMENT