

# 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:

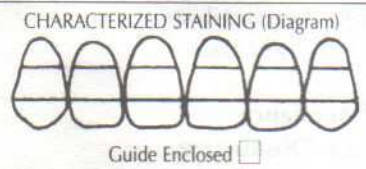
**Rx** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>RIDGE RELIEF</b></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. or <input type="checkbox"/> FULL COVERAGE</p>	<p><b>MARGINS:</b></p> <p><input type="checkbox"/> PORCELAIN BUTT</p> <p><input type="checkbox"/> SMALL LABIAL OR BUCCAL BAND OF METAL</p> <p><input type="checkbox"/> LINGUAL BAND</p>	<p><b>PONTIC DESIGN</b></p> <p>Stein    Point    No           Contact    Contact</p> <p></p> <p>Circle Desired Design</p>
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Stump Shade \_\_\_\_\_

Shade \_\_\_\_\_

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.)