

BILL TO

Dr.'s Name: _____
 Address: _____
 City, St, Zip: _____
 Phone: _____

Pan # _____
Case # _____

Today's Date
 ___/___/___

Patient's Name _____
 MALE FEMALE AGE _____

DELIVER BY 5:00 PM

ON _____
 DO NOT SCHEDULE PT. FOR SAME DAY

New Returning Rush* Counter Bite

SIMPL® Implant Restoration Case: Titanium or Zirconia Abutment
 Implant Brand & Size: _____

Remake: Must return restoration(s), old impression and provide a detailed reason for remake: _____

STUDY MODELS ARE STRONGLY SUGGESTED
 EMAIL SHADE AND CASE PHOTOS TO:
 CASEPHOTOS@TNCDENTAL.COM

FINAL TOOTH SHADE _____

PREP STUMP SHADE _____

Gingival

Body

Incisal

PROCEDURE(S)

<input type="checkbox"/> Single Casting(s)	<input type="checkbox"/> Solder/Laser	<input type="checkbox"/> Bisc Bake	<input type="checkbox"/> Setup
<input type="checkbox"/> Sectioned Bridge	<input type="checkbox"/> Finish	<input type="checkbox"/> Adjustment	<input type="checkbox"/> Custom Tray
<input type="checkbox"/> Connected Bridge	<input type="checkbox"/> Try In	<input type="checkbox"/> Frame w/bite	<input type="checkbox"/> Bite Rim

PLEASE SEND THE FOLLOWING

Rx Forms UPS Labels/Boxes
 Shipping Bags Other _____

SPECIAL ENCLOSURES

Shade Tab Other _____
 Post Photo(s)



275 South Main Street
 Freeport, New York 11520
 Tel. 516-868-8641
 Fax 516-868-1309
 www.tncdental.com

PFM ALL CERAMIC/COMPOSITE

<input type="checkbox"/> Non Precious	<input type="checkbox"/> Zirlux FC (Full Contour)	<input type="checkbox"/> e.max LD CAD Crown
<input type="checkbox"/> Semi Precious	<input type="checkbox"/> Zirlux MC (Micro Cutback)	<input type="checkbox"/> e.max LD PRESS (Full Contour)
<input type="checkbox"/> High Noble White	<input type="checkbox"/> Zirlux PLUS (Full Cutback)	<input type="checkbox"/> e.max LD MC (Micro Cutback)
<input type="checkbox"/> High Noble Yellow	<input type="checkbox"/> Gradia® Composite	<input type="checkbox"/> e.max LD PLUS (Full Cutback)
	<input type="checkbox"/> Foil Laminate / Crown	<input type="checkbox"/> e.max ZR Prime FC
		<input type="checkbox"/> e.max ZR Prime MC

FULL-CAST METAL TEMPORARIES

<input type="checkbox"/> Yellow Gold	<input type="checkbox"/> Semi Precious	<input type="checkbox"/> Cast Reinforced	<input type="checkbox"/> Wire Reinforced
<input type="checkbox"/> White Gold	<input type="checkbox"/> Non Precious	<input type="checkbox"/> Fiber Reinforced	

PONTIC: Full Ridge Partial Ridge Point Contact No Contact

BUCCAL COLLAR:
 No metal to show Micro-collar Full collar

Removable Buttons Yes No

SMILE SHAPERS ALIGNERS

Limited 6 Limited 12 Limited 24

IMPLANTS

FIXED:	<input type="checkbox"/> Hybrid	REMOVABLE:	<input type="checkbox"/> Locator	<input type="checkbox"/> Hader / Clip
<input type="checkbox"/> Milled CAD/CAM	<input type="checkbox"/> Modified Stock	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Primary	
<input type="checkbox"/> Cast	<input type="checkbox"/> Screw Retained	<input type="checkbox"/> Use authentic manufacturer parts (Additional costs may apply)		

REMOVABLES

<input type="checkbox"/> PARTIAL UPPER	<input type="checkbox"/> PARTIAL LOWER	<input type="checkbox"/> FULL UPPER	<input type="checkbox"/> FULL LOWER
<input type="checkbox"/> Conventional Partial	<input type="checkbox"/> All Acrylic	<input type="checkbox"/> Flipper	<input type="checkbox"/> Night Guard:
<input type="checkbox"/> Flexible Partial	<input type="checkbox"/> Cusil	<input type="checkbox"/> Flipper w/clasps	<input type="checkbox"/> Hard
<input type="checkbox"/> Flexible Combo	<input type="checkbox"/> Immediate	<input type="checkbox"/> Bleaching Tray	<input type="checkbox"/> Soft
			<input type="checkbox"/> Bilaminar
			<input type="checkbox"/> Thermo Plastic

DENTURE TOOTH SELECTION

Stock Premium Teeth * Porcelain *
 Shade _____ Type _____ Mold _____

CALL ME – I would like to speak with _____

Signature _____ Lic. # _____

A late fee will be applied to **ALL PAST DUE BALANCES.**
 Retain **YELLOW** copy for your records.

Thank You!

* These items incur an additional charge. Please call for details.