



Order#: _____

Rx Date: _____

Patient Initials#: _____

Delivery Date: _____

Patient's initials - M OR F - Age
 Ex: ... JD-F-35
 JD = Jane Doe - F = Female - Age is 35

Call me

Practice Name: _____

DR. First & Last Name _____

Phone#: _____

License#: _____

DR. Signature#: _____

Instructions:

Please CIRCLE single units & BRACKET splinted units

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Return for:

Try-in Die Trim Bisque
 Evaluation Finish Wax-up

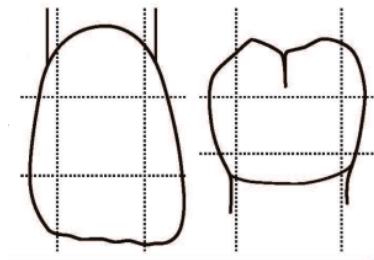
Shade Charectarization

Shade _____

Stump Shade _____

Occlusal Stain
 None Light Medium Dark

Incisal Translucency
 0.5 mm 1.0 mm 1.5 mm Other _____ mm



Frame Design (Please CIRCLE)

Pontic Design (Please CIRCLE)

Sanitary Full Ridge Modified Ounte Bullet _____ mm

Ridge Relief Yes No _____ mm

BASE COLOR(REQUIRED)

Light Pink
 Original
 Pink
 Light Meharry
 Dark Pink(Meharry)

ACRYLIC DENTURES

Upper Lower Both

Wax Try-in w/Teeth Wire Reinforcement Premium Teeth (IPN)
 Process & Finish Cast Metal Mesh _____

NIGHT GUARDS

Upper Lower

Hard Acrylic
 Thermo/Soft Acrylic
 Hard/Soft Acrylic
 Sports Guard
 TMJ Splint

PARTIALS [RPDs]

Upper Lower Both

Base Material

Acrylic Partial
 Flexible Partial
 Cast Metal Partial
 Metal Framework Try-in
 Immediate/Surgical Partial

Design

Horseshoe palate (upper) Ball Clasps
 Full palatal metal coverage (upper) Wrought Wire Clasps
 Unilateral (nesbit) Cosmetic clasps
 Lingual bar (lower)
 Lingual apron (lower) _____

Other

Upper Lower

Wax Bite Rim Rebase
 Custom Tray Repair
 Essix Retainer Reline
 Bleaching Tray

Locations:

Michigan
 37632 Baylor Dr. Sterling Heights, MI 48310
 Phone: +1 (248)-275-3198

Tennessee
 3909 Clarksville Pike Nashville, TN 37218
 Phone: +1 (615)-294-4334

Email : info@estheticdentalart.com
www.estheticdentalart.com

FIVE YEAR LIMITED GUARANTEE

The enclosed Fixed Appliance is guaranteed against defects in workmanship and materials for a period of Five (5) Years from the insertion date.

WHAT IS COVERED

- * Repair or replacement of appliance.

WHAT IS NOT COVERED

- * All Ceramic Bridges.
- * Cash refund for prosthesis.
- * Chipped or fractured teeth.
- * Cost incurred for removal or reinsertion.
- * Incidental or consequential damages, including inconvenience, lost wages or pain and suffering.
- * Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.

CONDITIONS WHICH MUST BE MET FOR GUARANTEE TO APPLY:

- * Prosthesis must be inserted by a licensed practicing dentist.
- * Patient must adhere to a semi-annual dental maintenance (cleaning and exam) program in the office of a licensed practicing dentist.
- * The maintenance schedule on this Certificate must be documented by the attending dentist each visit to validate the Guarantee.
- * Full and partial dentures must be relined as recommended by the attending dentist or by Esthetic Dental Art. Laboratory.
- * Within the limitations of this Guarantee, the prosthesis, written work authorization and the Guarantee Card must be shipped together to Esthetic Dental Art. Laboratory