

Order#:

Patient Initials#:

Patient's initials - M OR F - Age

Ex: ... JD-F-35

JD = Jane Doe - F = Female - Age is 35



Rx Date:

Delivery Date:

☐ 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

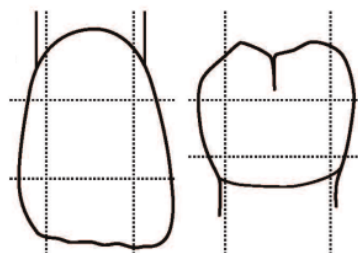
Stump Shade

Occlusal Stain

☐ None ☐ Light ☐ Medium ☐ Dark

Incisal Translucency

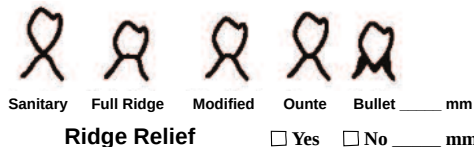
☐ 0.5 mm ☐ 1.0 mm ☐ 1.5 mm ☐ Other _____ mm



Frame Design (Please CIRCLE)



Pontic Design (Please CIRCLE)



BASE COLOR(REQUIRED)

☐ Light Pink
☐ Original
☐ Pink
☐ Light Meharry
☐ Dark Pink(Meharry)

ACRYLIC DENTURES

☐ Upper ☐ Lower ☐ Both

☐ Wax Try-in w/Teeth
☐ Process & Finish
☐ Immediate/Surgical Denture

☐ Wire Reinforcement ☐ Premium Teeth (IPN)
☐ Cast Metal Mesh _____

NIGHT GUARDS

☐ Upper ☐ Lower

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

PARTIALS [RPDs]

☐ Upper ☐ Lower ☐ Both ☐ Wax Try-in w/Teeth ☐ Process & Finish

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 (586)-328-7199

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