



www.dentaldesignsinc.com

3580 Union Drive Lincoln, NE 68516
 Phone: (402) 476-1331 • 800-927-7990 • Fax: (402) 476-9721

Omaha, NE
 Phone: (402) 496-1400 • Fax: (402) 496-1404

Sioux Falls, SD
 Phone: (605) 361-3239 • Fax: (605) 362-5833

Englewood, CO
 Phone: (800) 927-7990

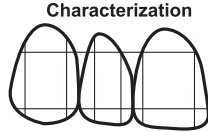
No. 272000

Dr. _____

Phone _____

Patient _____

Age _____ M ___ F ___



Shade

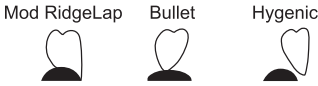


WILL CALL PATIENT
 AFTER CASE IS
 DELIVERED

APPOINTMENT DATE _____ TIME _____

Fixed

- Porcelain Shoulder
- Metal Occlusal
- Metal Linguals
- Metal Bands



Tooth Number

STAGE: SPECIAL INSTRUCTIONS

- | | |
|-----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Complete | If necessary, may we? |
| <input type="checkbox"/> Framework Try-in | Adjust opposing? |
| <input type="checkbox"/> Bisque Bake Try-in | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Return to Dr. for Die Trim | Adjust preps? |
| <input type="checkbox"/> Diagnostic Wax-up | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Adjust draw? |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> |

All-Ceramic

- emax
- Full contour Zirconia-dZ
- Porc. Fused to Zirconia
- Veneers

Full Cast Crowns

- 58% Gold
- 46% Gold
- Semi-Precious/w (Silver)
- NPG (Gold)
- NP (Silver)

Porcelain-to-Metal

- 40% Euro Gold
- Non-Precious

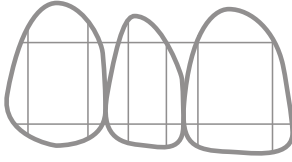
Removable

See Reverse for Case Design

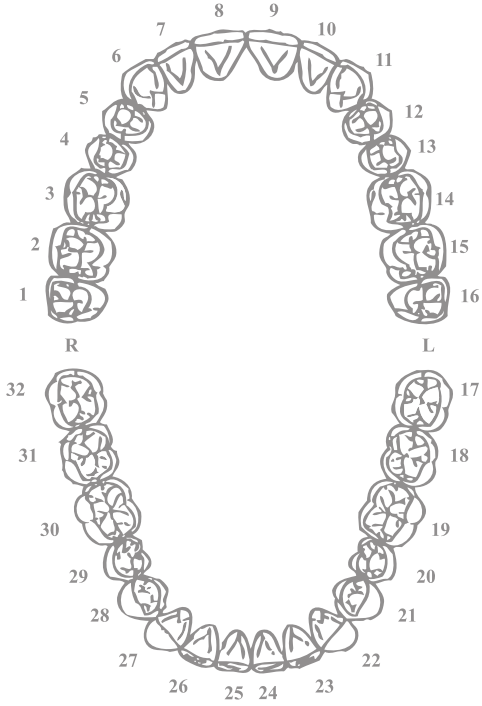
- | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Premium <input type="checkbox"/> Econo <input type="checkbox"/> Immediate/Permanent <input type="checkbox"/> Immediate/Interim | <ul style="list-style-type: none"> <input type="checkbox"/> Stage <input type="checkbox"/> Bite Block <input type="checkbox"/> Setup <input type="checkbox"/> Finish | <ul style="list-style-type: none"> <input type="checkbox"/> Partial Framework <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Premium <input type="checkbox"/> Econo/Embedded | <ul style="list-style-type: none"> <input type="checkbox"/> Acrylic Partial/Resin Based <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <ul style="list-style-type: none"> <input type="checkbox"/> Durflex Partial <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <ul style="list-style-type: none"> <input type="checkbox"/> Splint <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Flat Plane <input type="checkbox"/> Cuspid Guidance <input type="checkbox"/> Anterior Guidance <input type="checkbox"/> Hard <input type="checkbox"/> Dual Laminate <input type="checkbox"/> 3D - Heat & Seat |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature of DDS _____ Lic # _____

Please Send: Boxes Rx Pads Mailing Labels



CASE DESIGN





www.dentaldesignsinc.com

3580 Union Drive Lincoln, NE 68516
Phone: (402) 476-1331 • 800-927-7990 • Fax: (402) 476-9721

Omaha, NE
Phone: (402) 496-1400 • Fax: (402) 496-1404

Sioux Falls, SD
Phone: (605) 361-3239 • Fax: (605) 362-5833

Englewood, CO
Phone: (800) 927-7990

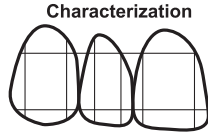
No. 272000

Dr. _____

Phone _____

Patient _____

Age _____ M ___ F ___



Shade

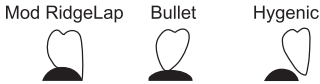


WILL CALL PATIENT
AFTER CASE IS
DELIVERED

APPOINTMENT DATE _____ TIME _____

Fixed

- Porcelain Shoulder Metal Bands
- Metal Occlusal
- Metal Linguals



Tooth Number

STAGE: SPECIAL INSTRUCTIONS

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Complete <input type="checkbox"/> Framework Try-in <input type="checkbox"/> Bisque Bake Try-in <input type="checkbox"/> Return to Dr. for Die Trim <input type="checkbox"/> Diagnostic Wax-up | <p>If necessary, may we?</p> <p>Adjust opposing?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adjust preps?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adjust draw?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

All-Ceramic

- emax
- Full contour Zirconia-dZ
- Porc. Fused to Zirconia
- Veneers

Full Cast Crowns

- 58% Gold
- 46% Gold
- Semi-Precious/w (Silver)
- NPG (Gold)
- NP (Silver)

Porcelain-to-Metal

- 40% Euro Gold
- Non-Precious

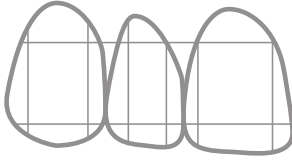
Removable

See Reverse for Case Design

- | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Premium <input type="checkbox"/> Econo <input type="checkbox"/> Immediate/Permanent <input type="checkbox"/> Immediate/Interim | <ul style="list-style-type: none"> <input type="checkbox"/> Stage <input type="checkbox"/> Bite Block <input type="checkbox"/> Setup <input type="checkbox"/> Finish | <ul style="list-style-type: none"> <input type="checkbox"/> Partial Framework <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Premium <input type="checkbox"/> Econo/Embedded | <ul style="list-style-type: none"> <input type="checkbox"/> Acrylic Partial/Resin Based <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <ul style="list-style-type: none"> <input type="checkbox"/> Durflex Partial <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <ul style="list-style-type: none"> <input type="checkbox"/> Splint <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Flat Plane <input type="checkbox"/> Cuspid Guidance <input type="checkbox"/> Anterior Guidance | <ul style="list-style-type: none"> <input type="checkbox"/> Hard <input type="checkbox"/> Dual Laminate <input type="checkbox"/> 3D - Heat & Seat |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature of DDS _____ Lic # _____

Please Send: Boxes Rx Pads Mailing Labels



CASE DESIGN

