BonaDent DENTAL LABORATORIES

WORK WITH THE BEST!®

bonadent.com

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Seneca Falls, NY 13148
Toll Free: 800.732.6222
Fax: 315.539.9815

4175 W. New Haven Ave.
West Melbourne, FL 32904
Toll Free: 800.537.8614
Fax: 321.728.0410

2000 Wade Hampton Blvd.
Greenville, SC 29615
Toll Free: 877.896.5227
Fax: 864.210.2009

24880 South Tamiami Trail
Bonita Springs, FL 34134
Toll Free: 844.228.BEST

Rx DATE _____ DELIVER BY 5:00PM ON _____

DOCTOR'S NAME _____ (PLEASE PRINT)

DOCTOR'S ADDRESS _____ PHONE _____

PATIENT'S NAME (Last Name, First Name) _____ M / F Sex AGE

TEETH NUMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PHOTOS INCLUDED: ☐ ONLINE ☐ LEAD CONTACT'S E-MAIL

IF INSUFFICIENT ROOM:
☐ Please Call ☐ Reduction Coping ☐ Reduce & Mark

FABRICATION PURPOSE: ☐ Correct Malalignment ☐ Close Spaces ☐ Increase Length ☐ Color Change

SURFACE TEXTURE: ☐ Smooth ☐ Moderate ☐ Heavy

FIXED: METAL - FREE

☐ e.max ☐ e.max Ultra ☐ Capital Zi Esthetic™ (layered zirconia)
☐ Complete Z™ (full-contour zirconia) ☐ Complete Z Ultra™ (premium option)

FIXED: METAL

PFM ALLOY: (Circle Alloy Color)
☐ High Noble Yellow/White (precious)
☐ Noble (semi-precious)

FULL CAST ALLOY: (Circle Alloy Color)
☐ High Noble Yellow/White (precious)
☐ Noble Yellow/White (semi-precious)

METAL DESIGN:
BAND AT BUCCAL: ☐ Hair Line ☐ 1 mm ☐ 2 mm ☐ No metal exposed
BAND AT LINGUAL: ☐ Hair Line ☐ 1 mm ☐ 2 mm ☐ No metal exposed

PONTIC DESIGN:
☐ Saddle Ridge Lap ☐ Conical ☐ Modified Ridge Lap ☐ Ovate

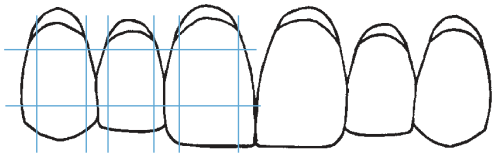
TRY-IN: ☐ Framework ☐ Bisque

BUTT JOINTS: ☐ 180˚ ☐ 360˚

SHADING CHART

Shade of Prepared Teeth: _____ **Shade Desired:** _____ ☐ *Anterior Expert Shade System®* Photos Sent

Value:
☐ High (bright)
☐ Medium
☐ Low



Occlusal Stain:
☐ None
☐ Light
☐ Medium
☐ Heavy

Hypo-Calcification _____

Posterior Occlusal Characterization _____

REMOVABLES

CAST PARTIALS:
☐ FREE Survey/Design ☐ Casting Try-In ☐ Acetal Clasp
☐ Biteblock ☐ Set-Up/Try-In ☐ Flex Clasp (clear or pink)

DENTURE:
☐ Custom Tray ☐ Try-In ☐ Reline
☐ Biteblock ☐ Finish ☐ Rebase
☐ Set-Up ☐ Repair ☐ Soft Liner

TEETH:
☐ Bioform IPN
☐ BlueLine
☐ Portrait
☐ Economy
☐ Porcelain

Shade: Ant. _____ Post. _____
Mould: Ant. _____ Post. _____

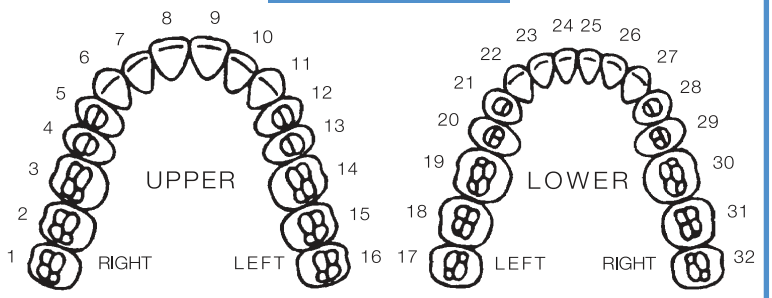
ACRYLIC: ☐ Regular ☐ Flexible Partial ☐ SR-Ivocap

FINISH: ☐ Smooth ☐ Characterized

NIGHTGUARDS:
☐ Intelliform™
☐ Hard Nightguard
☐ Hard/Soft Nightguard
☐ SafeGuard™ Hard
☐ SafeGuard™ Hard/Soft

ATHLETIC GUARDS:
☐ Multi-color (strap included)
☐ Clear Vinyl

DESIGN YOUR CASE HERE:



CASE INSTRUCTIONS

_____

_____

_____

_____

_____

_____

FOR LAB USE ONLY:

Known Patient Allergies: _____

I authorize the above procedure to be performed.

American Made Restorations®

☐ **Attention:** _____
☐ **Call Me** ☐ **Please evaluate my work**
☐ **Please Send:** ☐ Rxs ☐ Shipping labels ☐ Boxes

SIGNATURE OF DENTIST _____ License # _____

"By signing above, I agree to pay interest charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of 2% per month for any work performed pursuant to this prescription and I further agree to pay all of BonaDent's reasonable fees and collection costs in the event any amount due for work performed hereunder is referred for collection."

Custom Made Dental Devices.
Florida Registration Number DL53
NY FDA registration # 3009659896
South Carolina License #538
FM4-421-001-01

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