

We Make Beautiful Restorations Affordable™

www.danaren.com

Rx DATE	DATE DUE IN OFFICE	FREE RUSH <small>(CHECK BOX ABOVE)</small>
DOCTOR'S NAME (PLEASE PRINT)		
DOCTOR'S ADDRESS		PHONE
		M / F
PATIENT'S NAME (First Initial/Last Name)		SEX AGE

P F M

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

ALLOY:

- Porcelain Fused to NON-PRECIOUS
- Porcelain Fused to SEMI-PRECIOUS
- Porcelain Fused to HIGH NOBLE **White**
- Porcelain Fused to HIGH NOBLE **Yellow**
- Captek

TRY-IN:

- Framework
- Bisque

PONTIC DESIGN:

-
-
-
-
-
- BUTT JOINT: 180°

FULL CAST:

- Full Cast Gold Crown / Inlay*
 - Full Cast Non-Precious
 - Other Alloy _____
- * Yellow Gold, Unless Other Specified

IF NO OCCLUSAL CLEARANCE:

- Call Doctor
- Reduction Coping
- Metal Occlusion
- Reduce Opposing

SURFACE TEXTURE: Smooth Moderate Heavy

M E T A L - F R E E

- E. Max
- DZi: Porcelain to Zirconia
- Composite
- Z•One: Full Contour Zirconia
- Other

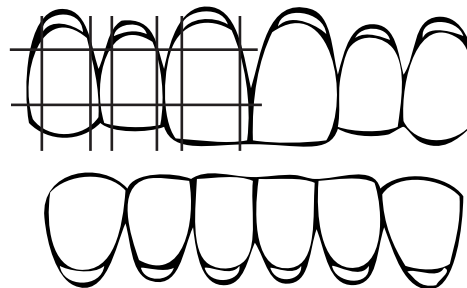
SHADING CHART

Shade of Prepared Teeth:

Shade Desired:

- Value:
- High (bright)
 - Medium
 - Low

- Occlusal Stain:
- None
 - Light
 - Medium
 - Heavy



R E M O V A B L E S

BEGO CAST PARTIALS

- FREE Survey/Design
- Casting Try-In
- Set-Up/Try-in
- Biteblock
- Processed Saddles
- Acetal Clasp

DENTURE:

- Biteblock
- Repair
- Soft Liner
- Bruxi-Splint
- Set-up
- Reline
- Flexible
- CELARA
- Finish
- Rebase
- Intelliform
- Staub Cranial

TYPE OF TEETH:

- Premium
- Economy
- Other: _____

Shade: Ant. _____ Post. _____

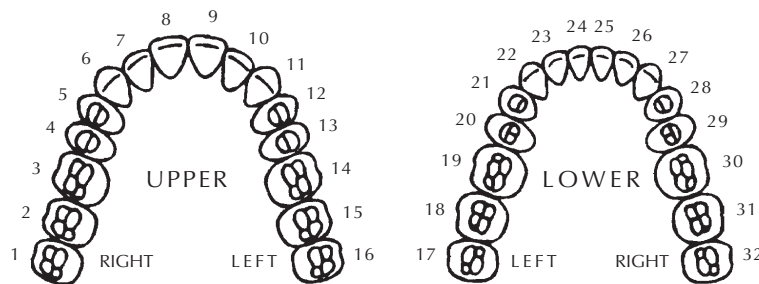
ACRYLIC:

- Regular
- Flexible Partial
- Smooth
- Characterized
- Eclipse
- SR-Ivocap

FINISH:

GINGIVAL SHADE: _____

DESIGN YOUR CASE HERE:



C A S E I N S T R U C T I O N S

- Attention: _____
- Call Me
- Please send RXs
- Please send Boxes
- Please evaluate my work
- Shipping Labels

FM4-431-001-00
Custom Made Dental Devices.

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 Danaren's reasonable attorney's fees and collection costs in the event any amount due for work performed hereunder is referred for collection."

