

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

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

P F M

ALLOY:

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

TRY-IN:

- Framework
- Bisque

PONTIC DESIGN:

- FULL RIDGE
 - PARTIAL RIDGE
 - NO RIDGE
 - SANITARY
 - BULLET
- BUTT JOINT: 180°

FULL CAST:

- High Noble Yellow
- Noble Yellow
- Non-Precious
- High Noble White
- Noble White

IF NO OCCLUSAL CLEARANCE:

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

- SURFACE TEXTURE:** Smooth Moderate Heavy

M E T A L - F R E E

- DZi: Porcelain to Zirconia
- Z•One: Full-Contour Zirconia
- e.Max
- Z•One PLUS
- Other

CASE INSTRUCTIONS

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

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

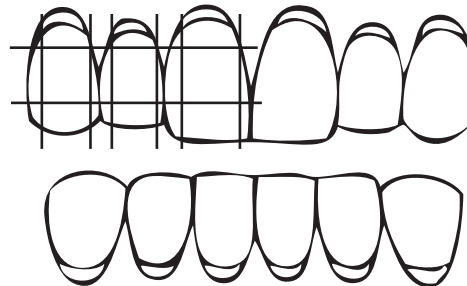
SHADING CHART

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

CAST PARTIALS

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

DENTURE:

- Biteblock
- Set-up
- Finish
- Repair
- Reline
- Rebase
- Soft Liner
- Safeguard™
- Intelliform
- Bruxi-Splint

TYPE OF TEETH:

- Premium
- Economy
- Other: _____

Shade: Ant. _____ Post. _____

ACRYLIC:

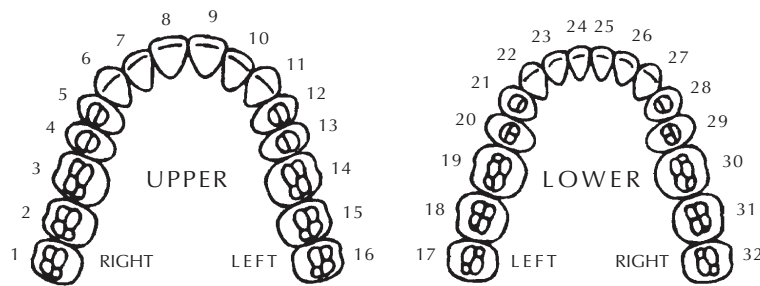
- Regular
- SR-Ivocap

FINISH:

- Flexible Partial
- Smooth
- Characterized

GINGIVAL SHADE: _____

DESIGN YOUR CASE HERE:



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."