

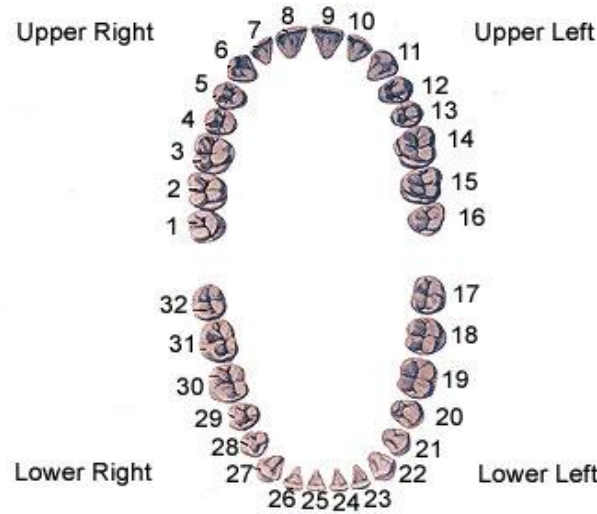


5344 Laurel Canyon Blvd. Valley Village, Ca 91607
toll free (877) 808 5522
local (818) 980 8366
 website www.polusa.org
 fax (818) 980 9364

Removable / Fixed / Ortho - Rx

TOOTH SHADE
 Shade Guide Name _____ Shade ____ Teeth # ____

CIRCLE TEETH / ARCH



INSTRUCTIONS

CROWN & BRIDGE RESTORATIONS

- MULTI – STAGE**
 COMPLETE MTI BISQUE BAKE GLAZE/POLISH FINISH
MARGIN PREP
 Bevel Chamfer Feather Shoulder
STAINING
 Gingival Occlusal None

- BUCCAL MARGIN**
 Porcelain butt margin 360° Porcelain Butt margin

- | | |
|---|---|
| METAL DESIGN | PONTIC DESIGN |
| <input type="checkbox"/> Collarles <input type="checkbox"/> 360° Metal Collar | <input type="checkbox"/> Full Ridge <input type="checkbox"/> Modified Ridge |
| <input type="checkbox"/> Metal Lingual (Anterior only) | <input type="checkbox"/> No Ridge <input type="checkbox"/> No Contact |
| <input type="checkbox"/> Metal occl. Excluding Bucc. Cusp | <input type="checkbox"/> Point Contact <input type="checkbox"/> Ovate |
| <input type="checkbox"/> Metal Occl. Including Bucc. Cusp. | |

- IF INSUFFICIENT ROOM:** Metal Occlusal
 Spot Opposing Call Dr

- PFM (Check One)** **SINGLE UNIT** **BRIDGE**
 Non-Precious Semi-Precious Captek® HN Gold

- Full Cast (check One)**
 NP SP Gold (Surcharge Apply) 46% 60% 74%
 Inlay/Onlay: NP SP

- | | |
|--|--|
| ZIRCONIA (Check One) | ALL- CERAMIC |
| <input type="checkbox"/> Zirconia Layered W/ Porcelain | <input type="checkbox"/> IPS e.Max® CAD |
| <input type="checkbox"/> Full Zirconia | <input type="checkbox"/> IPS e.Max® Press |
| <input type="checkbox"/> Procera® <input type="checkbox"/> Lava® | <input type="checkbox"/> IPS Empress Crown |

- | | |
|--|--|
| INLAY / ONLAY | VENEERS |
| <input type="checkbox"/> IPS Empress <input type="checkbox"/> Composit | <input type="checkbox"/> IPS Empress <input type="checkbox"/> Colorlogic |

- TEMPORARIES** Single Splinted Wire Reinforcement
ORTHODONTIC APLIANCES

- Study Models Complete
 Hawley Retainer Upper Lower : Adams Clasp
 Ball Clasp C Clasp Soldered "C" Clasp
 Wraparound
 Color _____
 Space Maintainer : Unilateral Band loop
 Lingual Bonded- 3X3 Lingual Arch 6X6
 Upper Transpalatal Arch
 Rapid Expander Fixed Removable Bonded
 Three Way Expanders Fan Expander

PRINT CLEARLY

Dr.: _____ Acc. # _____
 Address: _____
 City: _____ State _____ Zip _____
 _____ Lic. # _____

AUTHORIZED SIGNATURE

Patient Name : _____ Sex _____
 Patient Chart # _____ M F
 RX Date: _____ Due Date: _____

REMOVABLE PROSTETICS

PLEASE CHECK APPROPRIATE BOXES:

MULTY – STAGE
 (Additional Charges Apply to Stages)

- Complete One stage Try – in Final Process

Tissue Shade Light Pink Pink Ethnic

FULL DENTURE **PARTIAL** **UNILATERAL**

- | | |
|--|---|
| PARTIALS | DENTURES |
| NON-METAL | <input type="checkbox"/> Standard |
| <input type="checkbox"/> Valplast® | <input type="checkbox"/> Premium |
| <input type="checkbox"/> TCS® | IMMEDIATES |
| <input type="checkbox"/> Acrylic Flipper | <input type="checkbox"/> EXTRACT ALL TEETH |
| | <input type="checkbox"/> EXTRACT TEETH # ____ |

Cast metal Partial

- Cast Partial Bite Block
 Vitallium 2000®
 Vitallium 2000® combination with valplast

NIGHT GUARDS (UPPER LOWER)

- Acrylic Splint Anti Snoring Dual laminate
 Soft Night Talon Mora Bleaching tray
 True Train Sport Guard : Med Hvy Strap

Please send Supplies : Shipping Boxes Rx Forms