

Dentology

14637 Lee Hwy, Ste 209, Centreville, VA 22121
703-217-5755 • Dentologyva@gmail.com

DR. NAME _____
 ADDRESS _____

 PT'S NAME _____

RX DATE _____ RETURN DATE _____

Any rush cases must be prescheduled by calling 703-217-5755 before the case is sent

SHADE & DESIGN INFORMATION



Please provide *present tooth* or *stump shade information*, if needed.

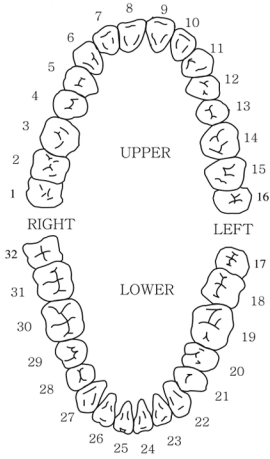
Porcelain to Metal Design



Pontic Design



** Standard unless specified otherwise*



FIXED RESTORATIONS

Porcelain to Metal

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

All-Ceramic

- IPS e.max Crown
 - IPS e.max Veneer
 - IPS e.max Onlay / Inlay
- * Indicate stump shade for all-ceramic*

Full Cast

- Inlay / Onlay
- Crown
- Bridge
- Post & Core

Zirconia

- Full BruxZirconia
- BruxZirconia Layering
- Maryland Bridge

Implant

- Screw-Retained
- Cementable
- Titanium Abutment
- Zirconia with Ti-Base
- BIOMET 3i Encode

REMOVABLE RESTORATIONS

- Metal Framework
- Arrangement in Wax
- Acrylic Partial / Denture
- Immediate Denture
- Custom Tray
- Wax-rim



All other restorations, please specify or call

DOCTOR'S SIGNATURE _____

DOCTOR'S LICENSE NUMBER _____