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 www.360sdm.com
 Send STL files to: info@360sdm.com

SHIP TO ADDRESS:

Dr. _____
 Patient: _____

Prep. Date: _____ Male Female
 Due Date: _____ 5:00pm

ALL CERAMIC

- Full Contour Zirconia
- Multilayer Zirconia (High Translucent Zirconia)
- Porcelain to Zirconia (YZ)
- Emax Press
- EmaxCAD
- Acrylic Temps
- Emax Veneer
- Zirconia Veneer
- Lava (Porcelain Fused to Zirconia)

PFM

- Non-Precious
- Non-Precious (Ni+Be Free)
- Semi-Precious
- High Noble White
- High Noble Yellow

FULL CAST CROWN

- Non-Precious
- Non-Precious (Ni+Be Free)
- Non-Precious Gold
- 40% Economy Yellow
- 50% Noble Yellow
- 63% Yellow Gold (High Noble Yellow)

BUCCAL MARGIN

- Metal-Porcelain Junction Margin
- Metal-Margin on Buccal (____mm)
- Porcelain Butt Margin

REMOVABLE

- Metal Partial Framework (Standard)
- Metal Partial Framework (Premium PD2000)
- Duracetal Partial Framework (Single or Dual)
- Acetal Framework
- Full Denture
- Immediate Denture
- Digital Denture
- TCS
- Valplast (Flexible)
- Stayplate/Flipper
- Custom Tray
- Waxrim
- Setup Teeth

- CLASS 1
- CLASS 2
- CLASS 3

NIGHTGUARDS

- Hard Nightguard
- Soft Nightguard
- Combo Nightguard (Hard/Soft)
- Talon Nightguard (Thermoplastic)

ORTHODONTIC

- Hawley Retainer
- Space Maintainer

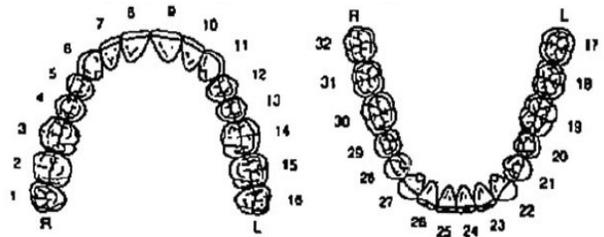
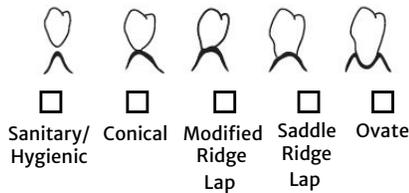
IMPLANTS - ABUTMENT

- Cement Retained
- Screw Retained
- CAD/CAM Titanium Abutment
- CAD/CAM Zirconia Abutment
- UCLA Abutment

Implant Size _____
 Implant Company _____

MISC.

- Die Trim
- Try-In
- Finish
- Repair



| | | |
|--|--|---|
| OCCLUSAL CLEARANCE <input type="checkbox"/> Out of Occlusion (Not Touching) <input type="checkbox"/> Light Occlusion (0.3mm) <input type="checkbox"/> In Occlusion (touching opposing) | INTERPROXIMAL CONTACT <input type="checkbox"/> Light (Broad, Not Point) <input type="checkbox"/> Medium <input type="checkbox"/> Tight (Broad) | SHADE Bite Registration ← |
| | | OCCLUSAL STAIN <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark |
| INSTRUCTION Stump Shade = _____ | | EMBRASURES <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSE |

DENTIST'S SIGNATURE

A full arch impression for 4 or more units

LICENSE NO.

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.