Today's Date _____ **Due Date** _____ ❍ a.m. ❍ p.m.

Doctor _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Doctor's Signature _____ License # _____

By signing, I acknowledge that this form represents the full and complete Agreement between the parties. This Agreement is subject to the terms and conditions set forth on the reverse and such terms and conditions are made part of this Agreement.

PATIENT INFORMATION

Name _____ **Age** _____ ❍ Male ❍ Female

Shade _____

Prep / Stump Shade _____

TYPE OF RESTORATION

❍ **Signature:** Maximum esthetics designed by specialized artists
❍ **Signature Platinum:** Signature restoration with a 3 day turnaround
❍ **Silhouette Signature Veneers:** Ultimate esthetics for minimal to no prep veneers
❍ **Premium Anterior:** Incisal cutback; beautiful esthetics and function
❍ **Classic Posterior:** Great fit and function
❍ **Unique Solutions:** Contact lab for more information

RESTORATIVE MATERIAL

TEMP/COMPOSITE:
Tooth # _____
Radica _____
Symphony ____

ALL CERAMIC:
Tooth # _____
❍ Empress®
❍ Eris/Emax®
❍ Zirconia

FULL CAST:
Tooth # _____
❍ Titan
❍ Noble White
❍ Noble Yellow

PFMETAL:
Tooth # _____
❍ Titan
❍ Noble White
❍ High Noble White
❍ High Noble Yellow
❍ Puresthetic™

IMPLANT:
Tooth # _____
Call for case design at no charge

PROVISIONALS:
Tooth # _____

NIGHT GUARD:
Man ____ Max____
❍ Hard ❍ Soft

DIAGNOSTIC:
Tooth # _____
❍ White Wax-up

SIGNATURE CHARACTERIZATION

INCISAL TRANSLUCENCY:
❍ Heavy
❍ Medium
❍ Light
❍ None

SURFACE TEXTURE:
❍ Heavy
❍ Medium
❍ Light
❍ None

OCCLUSAL STAIN:
❍ Heavy
❍ Medium
❍ Light
❍ None

RIDGE RELIEF:
❍ Yes ❍ No
_____mm
❍ Ovate
_____mm

PONTIC DESIGN

❍ Modified Ridge Lap ❍ Ovate ❍ Sanitary

❍ ***Please note:*** Photos are being emailed in reference to this case.
(photos@uniquedentalgroup.com)

Additional Instructions: _____

Please send: ❍ Boxes ❍ RX's ❍ AirBills

7050 South Highland Drive, Suite 300
Salt Lake City, Utah 84121
Telephone: 801-942-2560
Toll Free: 877-942-2560
Fax: 801-944-0948

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