



919-403-0604 voice
 919-490-1314 fax
 contact@absolutedentalservices.com
 absolutedentalservices.com

PREP DATE: _____

DATE NEEDED: _____

PLS SPECIFY TIME NEEDED: _____

(Please follow our monthly delivery schedule)

DR: _____ PATIENT: _____

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		
PFM ALLOY TYPE	<input type="checkbox"/> POSTERIOR FLAT RATED NOBLE PFM		<input type="checkbox"/> WHITE NOBLE		<input type="checkbox"/> YELLOW HIGH NOBLE													
	<input type="checkbox"/> WHITE HIGH NOBLE		<input type="checkbox"/> BASE / NON-PREC															
PFM MARGIN TYPE	<input type="checkbox"/> LINGUAL METAL COLLAR		<input type="checkbox"/> SHOW NO METAL		<input type="checkbox"/> FACIAL PORCELAIN BUTT													
	<input type="checkbox"/> 360° METAL COLLAR		<input type="checkbox"/> LING. SCALLOP DESIGN															
FULL CERAMICS	<input type="checkbox"/> E.MAX LAYERED (ANT)		<input type="checkbox"/> ZIRCONIA CERAMIC															
	<input type="checkbox"/> E.MAX PRESSED (POST)		<input type="checkbox"/> EMPRESS ESTHETIC VENEER															
SPECIALTY CASES	<input type="checkbox"/> METAL OCCLUSAL		<input type="checkbox"/> EXISTING PARTIAL															
	<input type="checkbox"/> SURVEY CROWN		<input type="checkbox"/> CROWN WITH REST															
FULL CAST CROWNS	<input type="checkbox"/> POSTERIOR FLAT RATED NOBLE FULL CAST YELLOW		<input type="checkbox"/> 40% YELLOW GOLD		<input type="checkbox"/> NON-PRECIOUS YELLOW GOLD													
	<input type="checkbox"/> 60% YELLOW GOLD		<input type="checkbox"/> WHITE NOBLE ALLOY															
	<input type="checkbox"/> 80% YELLOW GOLD		<input type="checkbox"/> WHITE HIGH NOBLE ALLOY															
IMPLANT PLATFORM	<input type="checkbox"/> CEMENT RETAINED		<input type="checkbox"/> SCREW RETAINED															
	COMPANY: _____ IMPLANT SIZE: _____																	
PATIENT INFO	<input type="checkbox"/> DIGITAL PICS SENT TO shades@absolutedentalservices.com																	
	<input type="checkbox"/> PATIENT TO CALL LAB																	
	<input type="checkbox"/> MALE														SHADE: _____			
	<input type="checkbox"/> FEMALE																AGE: _____	
CONTACT DDS	<input type="checkbox"/> TECHNICIAN TO CALL REGARDING CASE																	

SPECIAL INSTRUCTIONS: _____



Perfection is not optional!

DENTIST SIGNATURE

DENTIST LICENSE