



☎ 704-615-5008

Doctor: _____

Address: _____

City/State/Zip: _____

Phone: _____

Patient: _____

Date of Birth: _____ Gender: M / F

Date Sent: _____

Deliver by 5pm on: _____

Tooth Number(s) _____ Restoration Shade _____ Stump Shade _____

Fixed Restorations

Zirconia

- ☐ Opal Mono - Shade zirconia
- ☐ Multy - Layered zirconia
- ☐ Aesthetic Zirconia

All Ceramic

- ☐ E-max Press
- ☐ E-max Layered
- ☐ Porcelain Fused to Zirconia

Implants

- ☐ Custom Abutment (Titanium or Zirconia) circle one
2 Piece Cementable Restoration - please select crown type above
- ☐ Screw Retained Crown (select crown type above)
1 Piece Restoration - Crown with Access Hole
- ☐ Brand Specific Parts **surcharge will apply*

PFM

- ☐ Base (Nickel Free)
- ☐ Porcelain Butt Margin
- ☐ Metal Occlusal/Lingual

Provisionals

- ☐ Diagnostic Wax-up

Full Cast

- ☐ Base (Nickel Free)
- ☐ Noble - White
- ☐ Noble - Yellow
- ☐ High Noble - Yellow

Removable Restorations

Full Denture

- ☐ Economy
- ☐ Standard
- ☐ Premium
- ☐ Digital
- ☐ Immediate

Partial Dentures

- ☐ Flexible
- ☐ Acrylic
- ☐ Temp Flipper
- ☐ Nesbit

Bite Splints

- ☐ Comfort Soft Splint
- ☐ Comfort Hard Splint
- ☐ Comfort Hard/Soft Splint
- ☐ Bleaching Tray
- ☐ Clear Ortho Retainer
- ☐ Essix Retainer

Partial Frameworks

- ☐ Co-Cr Cast Partial Frame
- ☐ Vitallium 2000 Cast Partial Frame
- ☐ Titanium Partial Frame
- ☐ Acetal Partial Frame
- Flexible & Metal Hybrid Partial Denture

Additional Services

- ☐ Acrylic Repair
- ☐ Reline (Hard or Soft)
- ☐ Custom Tray
- ☐ Metal Reinforcement
- ☐ Surgical Guide

Full Arch Implant Restorations

- ☐ Conversion
- ☐ Provisional
- ☐ All On X(Final)

If no Occlusal Clearance

- ☐ Call doctor
- ☐ Spot opposing
- ☐ Metal occlusion

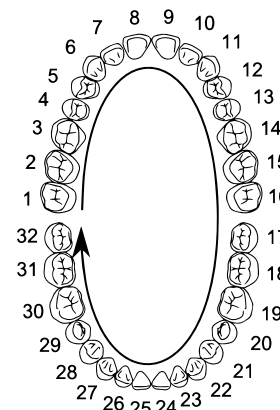
Ridge Relief

- ☐ None
- ☐ Medium
- ☐ Slight
- ☐ Heavy

Would you like to make default?

- ☐ Yes ☐ No

Special Instructions



Arch: Upper / Lower / Both

Acrylic: Light / Original / LRP
Mild / Moderate / Heavy

Mold: _____ **Shade:** _____

Stage to Complete (select all that apply)

- ☐ Custom Tray
- ☐ Base Plate / Occlusal Rim
- ☐ Wax Setup for Try-in
- ☐ Process and Finish
- ☐ All of the Above

****Email Photos to: info@PearlDentalService.com**

Dr. Signature _____ Lie. # _____