

OFFICE NAME \_\_\_\_\_ DR \_\_\_\_\_

STREET \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX:  M  F

RETURN DATE \_\_\_\_\_


<b>FULL DENTURES</b>	<input type="checkbox"/> Premium	<input type="checkbox"/> Wax Rim	<input type="checkbox"/> Try-In	<input type="checkbox"/> Soft Reline
	<input type="checkbox"/> Standard	<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Process & Finish	<input type="checkbox"/> Reline
	<input type="checkbox"/> Economy	<input type="checkbox"/> Bite Blocks	<input type="checkbox"/> Cast/Mesh	<input type="checkbox"/> Repair
<b>PARTIAL DENTURES</b>	<input type="checkbox"/> All acrylic	<input type="checkbox"/> Flexible (Metal Free)		
	<input type="checkbox"/> Metal Framework			
<b>SPLINTS/ MOUTHGUARD</b>	<input type="checkbox"/> Hard	Occlusal Design	<input type="checkbox"/> Thermoformed splint	<input type="checkbox"/> Upper
	<input type="checkbox"/> Semi-Flexible	<input type="text" value=""/>	<input type="checkbox"/> Thermoformed retainer	<input type="checkbox"/> Lower
	<input type="checkbox"/> Hard/Soft - Layered	(Flat plane occlusion unless otherwise specified)		
<b>SURGICAL GUIDES</b>	<input type="checkbox"/> Surgical Guide single/multiple	<input type="checkbox"/> Full arch		
	<input type="checkbox"/> Fully Guided	<input type="checkbox"/> Chrome Guided Smile - Request Form		
	<input type="checkbox"/> Pilot hole	<input type="checkbox"/> Other guided system - Describe in notes		
<b>REMOVABLE IMPLANTS</b>	<input type="checkbox"/> Locator Overdenture			
	<input type="checkbox"/> Conus Concept™			

DOCTOR SIGNATURE \_\_\_\_\_

DENTIST LICENSE # \_\_\_\_\_

DATE \_\_\_\_\_

Our acceptance of this order is based on the incorporation of the following: 1 Our General Terms and Conditions for the Sale of Goods and Services. These terms are available on our website, www.gcd-lab.com). No other terms or conditions shall apply.

<b>ALL CERAMIC</b>	<input type="checkbox"/> e.max™ Full Contour	<input type="checkbox"/> Zirconia Full Contour	<input type="checkbox"/> Zirconia - Facial cutback w/ layered porcelain
	<input type="checkbox"/> e.max veneer	<input type="checkbox"/> Zirconia - Fully layered porcelain	
<b>PORCELAIN FUSED TO METAL</b>	<input type="checkbox"/> High Noble	<b>FULL CAST</b>	<input type="checkbox"/> High Noble (AU-58%)
	<input type="checkbox"/> Noble		<input type="checkbox"/> Noble (AU-40%)
			<input type="checkbox"/> Other
<b>FIXED IMPLANTS</b>	<b>CAD/CAM/FIXED ABUTMENT</b>		
	<input type="checkbox"/> Titanium	<input type="checkbox"/> Stock abutment	<input type="checkbox"/> Cement retained
	<input type="checkbox"/> Zirconia	<input type="checkbox"/> Abutment supplied by Dr.	<input type="checkbox"/> Screwmentation
	<input type="checkbox"/> ASC(if req'd)	<input type="checkbox"/> Verification Jig	<input type="checkbox"/> Screw Retained
		<input type="checkbox"/> Fixed Hybrid (request form)	<b>PONTIC DESIGN</b> (please circle) 

TOOTH NUMBERS (please check)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tooth Shade

Tissue Shade

Body

Incisal

Gingival

Stump

Custom Shade

To upload files or pictures please go to: [www.gcd-lab.com/upload-files/](http://www.gcd-lab.com/upload-files/)

<b>SPECIAL INSTRUCTIONS</b>	<input type="checkbox"/> Framework Try-In	<input type="checkbox"/> Follow Enclosed Study Casts	<input type="checkbox"/> Reduction Coping
	<input type="checkbox"/> Frame With Occlusal Rim	<input type="checkbox"/> Immediate	<input type="checkbox"/> Reduce Opposer
	<input type="checkbox"/> Frame With Teeth Try-In	<input type="checkbox"/> Survey/Design Estimate	<input type="checkbox"/> Always Call With Clearance Issue
	<input type="checkbox"/> Complete Case	<input type="checkbox"/> Survey Crown	

ADDITIONAL NOTES