



Accutech Dental Studio

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PAN#	ALLOY
ENCLOSED	
<input type="checkbox"/> Bite <input type="checkbox"/> Opposing <input type="checkbox"/> Study Model	

Doctor _____ Patient _____

Address _____ Age _____ Sex : Male Female

City _____

State _____ Zip _____

Phone _____

CASE INFO
Date Sent _____
Date Due _____
Time _____

<p>Porcelain Fused to Frame</p> <input type="checkbox"/> PFZ - Tier 1 <input type="checkbox"/> PFZ - Tier 2 <input type="checkbox"/> PFZ - Tier 3 <p>Full Contour Solid Zirconia</p> <input type="checkbox"/> FCSZ - Tier 1 <input type="checkbox"/> FCSZ - Tier 2 <input type="checkbox"/> FCSZ - Tier 3 <p>All Ceramic</p> <input type="checkbox"/> E-Max <input type="checkbox"/> GC - LiSi Press	<p>Implants</p> <input type="checkbox"/> C.O.C. cement on <input type="checkbox"/> Screw Retained <input type="checkbox"/> Stents <p>Full Metal Crown</p> <input type="checkbox"/> Semi-Precious <input type="checkbox"/> Hi-Noble <p>Composite</p> <input type="checkbox"/> Sculpture	<p>Occlusal Stain</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <p>Pontic Design</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <hr/> <p>Frame Design</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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SHADE _____

** Please include a study model for all anterior cases.*

Signature _____ DDS Lic. # _____