



BEST DENTAL *Since 1980*
STUDIO, INC

22 Music Fair Road,
Owings Mills, MD 21117

410.363.6233

DR. NAME: _____
LICENSE #: _____
ADDRESS: _____

PHONE: _____
PATIENT NAME: _____
AGE: _____ **GENDER:** _____
DATE SENT: _____

DUE DATE: _____

TEETH #: _____
SHADE: _____ **STUMP SHADE:** _____
(required for emax and Translucent Zirconia)

TRY IN FINISH

RESTORATION TYPE (FIXED):

<input type="checkbox"/> PFZ (Porcelain fused to Zirconia)	<input type="checkbox"/> PFM (Porcelain fused to Metal)
<input type="checkbox"/> Solid Zirconia Crown	<input type="checkbox"/> PFM Bridge
<input type="checkbox"/> Translucent Zirconia	<input type="checkbox"/> Full Cast Crown
<input type="checkbox"/> Zirconia Bridge	<input type="checkbox"/> Full Cast Gold
<input type="checkbox"/> emax	<input type="checkbox"/> Provisional Crown/Bridge
<input type="checkbox"/> Ceramic Inlay/Onlay	<input type="checkbox"/> Diagnostic Wax Up
<input type="checkbox"/> Ceramic Veneer	

TYPE OF ALLOY:

Non-Precious Noble High Noble

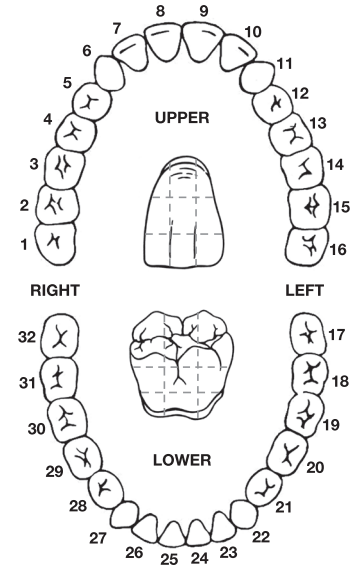
RESTORATION TYPE (REMOVABLE):

<input type="checkbox"/> Bite Block	<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Hard/Soft Nightguard
<input type="checkbox"/> Cast Frame	<input type="checkbox"/> Cast Partial Frame (Try-In Only)	
<input type="checkbox"/> Acrylic Denture Setup	<input type="checkbox"/> Acrylic Denture Process	
<input type="checkbox"/> Acrylic Partial Setup	<input type="checkbox"/> Acrylic Partial Process	
<input type="checkbox"/> Flexible Partial Setup	<input type="checkbox"/> Flexible Partial Process	

IMPLANTS:
Serving all major implant brands
 Implant System: _____
 Platform Size: _____
 Manufacturer: _____

Screw Retained Zirconia CAD/CAM Custom Abutment

Please email photos:
info@bestdentalstudio.com



NOTES:

SIGNATURE:
