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Date: _____

Due Date: _____

Doctor: _____

Phone: _____

Patient: _____ Gender: M F Age: _____

Stamp shade: _____
(Required for all ceramic cases)

Final Shade: _____

Teeth#: _____
(Please use hyphen for splint/bridge, comma for singles)

Type of Restoration:

Emax: stained () 5-7 Working days Layered () 10 working days

Full Zirconia () 5-7 working days **Layered Zirconia** () 10 working days

Implant: Custom Abutment hybrid() Titanium () (5 working days)

PFM (Noble) () 10 working days **DX wax up** ()

Others: _____

Case Note & Instruction:

Enclosed with case:

Impressions () Bite reg.() Casts () Photos () Others _____

Signature: _____

License # _____

*By signing above, I acknowledge the terms of service and agree to pay in full in timely manner.