Doctor _____

Address _____

City/State _____ Zip _____

Phone (____) _____

Patient _____

Sex M ☐ F ☐ Age _____

Case#

Rx

Due

Dani Dental
STUDIO

1243 E. Broadway Road, #201 Tempe, AZ 85282
Ph (480) 449-0909 Fax (480) 449-0999
www.danidental.com

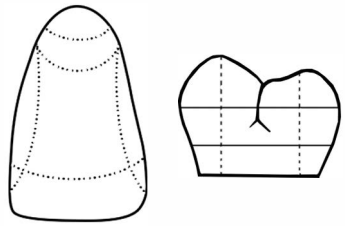
PROUDLY MADE IN AMERICA

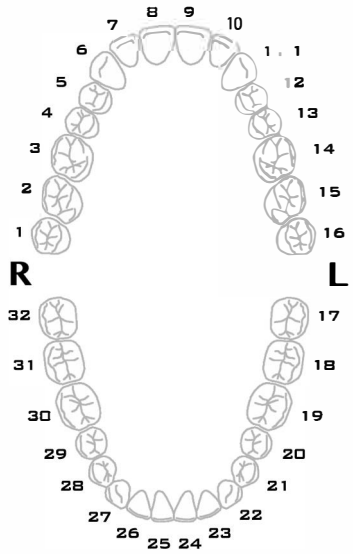
SHADE _____

STUMP SHADE _____

Mould: _____

Occl. Stain:
- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Dark





ALL CERAMIC
- ☐ e.max® Stained & Glazed Crown
- ☐ e.max® Stained & Glazed Veneer
- ☐ e.max® Layered Crown
- ☐ e.max® Layered Veneer
- ☐ e.max® Inlay/Onlay
- ☐ Full Zirconia **BRX**
- ☐ Zirconia Layered Crown
- ☐ Lava™ Esthetic Crown
- ☐ Katana - Crown/Veneer
- ☐ **Dani Dental Signature Veneer/Crown**

PORC. FUSED TO METAL
- ☐ Base NP
- ☐ Noble
- ☐ High Noble
- ☐ Porc. Butt Margin
- ☐ Metal Occlusal/Lingual

ALL METAL
- ☐ Full Gold Crown yellow/white
- ☐ Gold Inlay/Onlay

IMPLANTS
- ☐ Titanium Stock Abut.
- ☐ Zirconia Stock Abut.
- ☐ UCLA Abut.
- ☐ CAD-CAM Titanium Abut.
- ☐ CAD-CAM Zirconia Abut.

FRAMEWORK
- ☐ Metal/Vitallium 2000 Plus (Lifetime Guarantee)
- ☐ Metal/Standard
- ☐ Duraflex
- ☐ Combination Metal
  - ☐ w/ultraflex
  - ☐ w/thermoflex
  - ☐ w/duraflex
- ☐ Solvay Standard Partial - Mid Grade Teeth
- ☐ Solvay Upgraded Partial - High Grade Teeth

MAJOR CONNECTORS
Maxillary
- ☐ Horseshoe
- ☐ Palatal Strap
- ☐ A-P Strap
- ☐ Full Coverage

Mandibular
- ☐ Lingual Bar
- ☐ Lingual Plate

Pt. Name in Denture ☐ Yes ☐ No

IN ORDER TO COMPLY WITH ARIZONA LAW, YOU MUST INDICATE YES OR NO.

CLASPING
- ☐ Wrought Wire/Location ____ Tooth #
- ☐ Akers/Location ____ Tooth #
- ☐ I Bar/Location ____ Tooth #
- ☐ T Bar/Location ____ Tooth #
- ☐ Modified T-Bar/Location ____ Tooth #
- ☐ Lab Select

RESTS
- ☐ Mesial/Location ____ Tooth #
- ☐ Distal/Location ____ Tooth #
- ☐ Cingulum/Location ____ Tooth #
- ☐ Embrasure/Location ____ Tooth #
- ☐ Lab Select

ACRYLIC
- ☐ Full Denture U / L
- ☐ Economy Denture U / L
- ☐ Immediate Denture U / L
- ☐ Flipper U / L
- ☐ Night Guard U / L Hard / Soft / Combo
- ☐ Temporary Crown
- ☐ Reline
- ☐ Custom Impression Tray
- ☐ Surgical Guide
- ☐ Stent
- ☐ Implant Index/Jig
- ☐ Space Maintainer
- ☐ Ultraflex Clasp
- ☐ Essex Appliance

ENCLOSED
- ☐ Impressions
- ☐ Master Model
- ☐ Opposing Model
- ☐ Study Model
- ☐ Bite
- ☐ Photo
- ☐ Other

__ Implant Parts

☐ Pour Mount Return

☐ Photography

Signed _____ D.D.S. / D.M.D. Dentist's License Number _____ Date _____

All Accounts due within 30 days of statement date. A service charge of 2% per month or 24% annual will be added to past due accounts.
Person signing the authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including resonable attorney fees.

Updated 02/06/2018