



Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Patient: \_\_\_\_\_ Shade/Mould: \_\_\_\_\_

Today's date: \_\_\_\_\_ Stump shade: \_\_\_\_\_

Requested return date/time: \_\_\_\_\_ Tooth #: \_\_\_\_\_  
*Default is by 5pm on requested date*

**Layered All-Ceramic** (more esthetic)

- Hand layered zirconia
- Hand layered e.Max
- Other \_\_\_\_\_



*If more space is needed, I prefer:*  
 Reduce opp.  Reduction coping  Call

**Full Contour All-Ceramic** (stronger)

- FCE (full contour e.Max) \_\_\_\_\_
  - FCZ (full contour zirconia) \_\_\_\_\_
  - NEW! FCZ Plus Esthetic** \_\_\_\_\_
- Porcelain Fused to Metal**
- Economy (NP) \_\_\_\_\_
  - Standard White (Noble) \_\_\_\_\_
  - Premium White (Hi-Noble) \_\_\_\_\_
  - Premium Yellow (Hi-Noble) \_\_\_\_\_

**Full Cast Metal**

- Economy (NP) **(\$99)** \_\_\_\_\_
- Economy Yellow Gold \_\_\_\_\_
- Standard Yellow Gold \_\_\_\_\_
- Premium Yellow Gold \_\_\_\_\_
- Economy White Gold \_\_\_\_\_
- Premium White Gold \_\_\_\_\_

**Implant and Bar Cases** (DDC works with ALL implant systems)

- All on Four  Tooth position guide  CT Pilot only guide
  - Full CT guide (depth + angle control)  With scan denture appliance
- Surgeon: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Implant Company/System: \_\_\_\_\_

Size(s): \_\_\_\_\_ Tissue depth: \_\_\_\_\_

- Use Genuine Parts (Default)  Use Clones (when available)
- Stock Abutment(s)
- Custom cast (Semi-Precious)
- Custom CAD (Choose material)
  - Titanium  Zirconia
- OK to adjust tissue

**Removables**

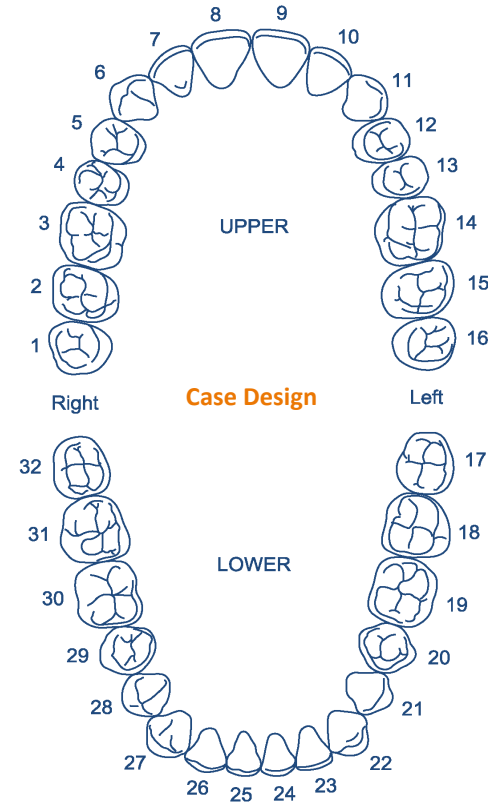
- Setup  Framework/Tryin
- Bite rim/ECB  Finish/process

**Dentures**

- Economy  Reinforced
- Select  Platinum

**Partials**

- Economy  All acrylic flipper
- Select
- Platinum
- Flexible



Pricing valid thru 12.31.16

License #: \_\_\_\_\_ Dr.'s Signature: \_\_\_\_\_

By signing this form, you agree that you are both personally and professionally responsible for charges associated with this prescription, and that all transactions you enter into with Dutton Dental Concepts Inc. are to have taken place in the state of Ohio.

- Send Rx forms
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