



ADS DENTAL SOLUTIONS

HUMAN TOUCH TECHNOLOGY

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Dr. _____ Return Date _____ by 5PM

Address _____ Phone _____

City _____ State _____ Zip _____

Patient Name ☐ Mr. ☐ Mrs. _____ Age _____

CAD/CAM

- ☐ e.max CAD
- ☐ Katana Translucent Zirconia
- ☐ YZ Full Contour Zirconia (BruxZir™ Crown)
- ☐ ADS Esthetic Zirconia Crown (Layered)
- ☐ Zirconia Maryland Bridge

ALL CERAMIC

- ☐ e.max Press (Layered)
- ☐ IPS Empress Esthetic® (Layered)
- ☐ Feldspathic Veneer
- ☐ No-Peep Venerer

PROC TO METAL

- ☐ Yellow High Noble
- ☐ White High Noble
- ☐ Semi-Precious
- ☐ Noble
- ☐ Base

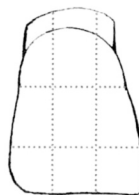
MARGIN DESIGN

- ☐ Porc. Shoulder
- ☐ Metal Collar
- ☐ 360° Metal Collar
- ☐ Metal Lingual

SHADE _____

OCCLUSAL STAIN

- ☐ Light
- ☐ Medium
- ☐ Dark
- ☐ None



OTHER

- ☐ Temp. Crown
- ☐ Diagnostic Wax Up
- ☐ Surgical Stent
- ☐ Occlusal Guard
- ☐ Essix Appliance

☐ **PLEASE CALL DOCTOR**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Instructions: _____

Dr. _____ Date _____

Personal Signature of Dentist

Doctor's License No.: _____

Please Send: ☐ PRESCRIPTIONS ☐ BOXES ☐ MAILING LABELS