



Phone: (949) 955-2100 Fax: (949) 955-2199
 16881 Hale Avenue, Irvine, CA 92606
 E-mail: shade@keatingdentalarts.com
 www.keatingdentalarts.com

Doctor's Account# _____ Phone# () _____

Dr. _____

PLEASE PRINT CLEARLY

Patient _____ / _____
LAST FIRST

Toll Free: (800)433-9833 Date Due In Office _____

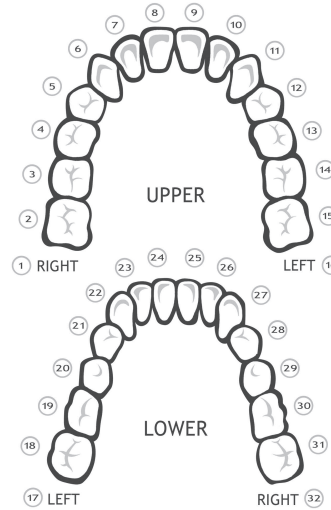
PLEASE SEND THE FOLLOWING

- RX forms
- Mailing Labels
- Boxes

SPECIAL ENCLOSURES LAB USE ONLY

- Photo (s)
- Analog
- Models
- Implant Parts
- Shade Tab
- Impression
- Bite
- Other _____

RX SPECIFIC INSTRUCTIONS
 *STANDARD UNLESS SPECIFIED.



PFM

- Fused to Non-Precious*
- Fused to Semi-Precious
- Fused to White High Noble
- Fused to Yellow High Noble
- Fused to Captex

LAB TIME: 5 DAYS

ALL-CERAMIC

- KDA Foil Veneer Stacked Feldspathic
- IPS e.max™*
- IPS Empress® Esthetic

LAB TIME: 5 DAYS

IMPLANTS

- Porcelain fused to Semi-Precious*
- Porcelain fused to White High Noble
- Porcelain fused to Yellow High Noble
- Porcelain fused to Captex
- Procera All-Ceramic
- KDZ Zirconia
- Procera Custom Abutment:
 - Titanium
 - Ceramic
- Atlantis Custom Abutment:
 - Titanium*
 - Ceramic
- 3i Encode

LAB TIME: 9 DAYS

THERMOFORMED

- Soft Nightguard
- Bleaching Tray (Foam liner or reservoir)
- Hard Night Guard (Thermoform)
- Hard Night Guard (Hand waxed)
- Ultra Guard (Soft & hard for extra comfort)
- Clearsplint (Flexible)
- Pro-Guard

LAB TIME: 4 DAYS

CAD/CAM

- KDZ Zirconia LAB TIME: 5 DAYS
- Procera Zirkon LAB TIME: 8 DAYS

COMPOSITES

- Gradia

LAB TIME: 4 DAYS

FULL CAST

- High Noble 62®—Type III
- Gold inlay/onlay—Type II (JRVT)
- Yellow Semi-Precious
- Other _____
Please Specify

LAB TIME: 4 DAYS

KDA-TEMPS

- Abutments #s _____ Pontics #s _____
- Wire*
- Cast Metal Frame
- Splinted
- Individual

LAB TIME: 4 DAYS

REMOVABLES

- KDA Denture
- KDA Premium Denture
- KDA Ultra Premium Denture
- Cast Chrome Frame
- Setup Teeth In Wax
- Partial Framework to Finish
- Reline
- Custom Impression Tray
- Acrylic Stayplate
- Valpast® Partial Denture Complete
- TCS® Partial Denture Complete
- Delineator™

Signature: _____ D.D.S. License #: _____

TERMS: Customer agrees to company policy as stated on reverse.

Age: _____ Sex: _____

- Dr. to Die Trim
- Metal Try-In

Finish to Porcelain

Please indicate the distribution of hues and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: _____ Vita-3D: _____

Chromoscop: _____ Stump Shade: _____

Noritake: _____ Other: _____



BUCCAL COLLAR DESIGN

- Hairline or _____ mm on Buccal
- Porcelain Junction Margin*
- Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN

- All Porcelain coverage
- Metal Coping with Porcelain coverage*
- Metal Occlusal excluding Buccal CUSP
- Metal Occlusal including Buccal CUSP

PONTIC DESIGN

- Sanitary
- Full Ridge Lap
- Modified Ridge Lap*
- Bullet
- Ovate

ANTERIOR DESIGN

- 1/4 Metal Lingual
- 1/2 Metal Lingual
- 3/4 Metal Lingual

OCCLUSAL STAINING

- None
- Light*
- Medium
- Dark

IF NO OCCLUSAL CLEARANCE

- Metal Occlusion
- Reduction Coping
- Spot Opposing
- Make Permanent Note