

INTERDENTAL

693 5TH AVENUE, 14TH FLOOR
NEW YORK, NY 10022
212.888.7997

DOCTOR NAME

DOCTOR ADDRESS

PATIENT NAME

MALE OR FEMALE

AGE

RETURN DATE

BODY SHADE

INSICAL VALUE SHADE

METAL TRY IN

BISQUE BAKE

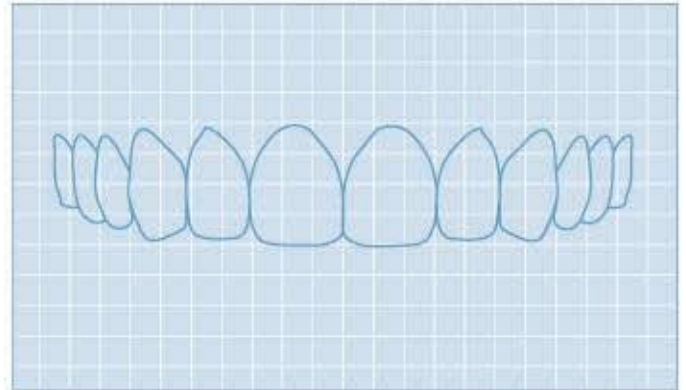
GLAZE FINISH

INSTRUCTIONS

DOCTOR SIGNATURE

DOCTOR LICENSE NUMBER

I AUTHORIZE INTERDENTAL TO PERFORM THE DUTIES THAT HAVE BEEN DESCRIBED ABOVE IN THIS PRESCRIPTION. I UNDERSTAND PAYMENT IS DUE UPON RECEIPT OF STATEMENT; ANY LATE PAYMENT IS SUBJECT TO 1.5% INTEREST PER MONTH; NO WORK WILL BE STARTED UNLESS SIGNATURE AND LICENSE NUMBER IS PROVIDED.



COSMETIC RESTORATION TYPE

- PROCEFA
- FELDSPATHIC VENEER
- PORCELAIN FUSED TO METAL
- FINESSE PRESSABLE CERAMIC
- FINESSE INLAY/ONLAY

MARGIN DESIGN

- ZERO METAL COLLAR
- SLIGHT METAL COLLAR
- PORCELAIN LABIAL MARGIN
- 360% PORCELAIN MARGIN

CONNECTION TYPE

- CAST
- PRE-SOLDER
- POST-SOLDER

PONTIC

- FULL RIDGE LAP
- PARTIAL RIDGE LAP
- MODIFIED RIDGE LAP
- HYGIENIC
- OVATE

SPECIFICATIONS

- DULL TEXTURE
- HIGH GLAZE
- NATURAL LOW GLAZE
- CALIFICATION SPOTS
- CRACK LINES
- HALDS

ALLOY TYPE

- HIGH NOBLE WHITE 54% AU
- NOBLE WHITE PD, AG
- BASE WHITE
- NOBLE YELLOW 90% AU
- TYPE II, III (INLAYS, ONLAYS GOLD)