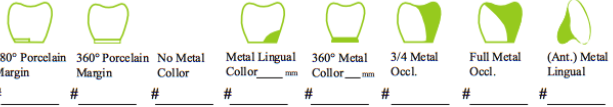


Call for Local Pick Up

 Fixed RX(US)	Company: Add.: Tel.: Fax.:	Case No.: _____ Patient Name: _____ Dr. Name: _____ Shipping Date: _____ Due Date: _____																																																														
Stage: ☐ Try In ☐ Finish ☐ Bisque Bake ☐ Add Porcelain																																																																
PFM ☐ Non-Precious ☐ NP(Nikel free) ☐ Semi-Precious ☐ White Noble (white 40%) ☐ Yellow Gold (Yellow 74%) ☐ Captek	FCC ☐ Non-Precious ☐ NP(Nikel free) ☐ White Gold 2% ☐ Yellow Gold 2% ☐ Yellow Gold 40% ☐ Yellow Gold 60% ☐ Yellow Gold 74% ☐ Others _____	All Ceramic ☐ E-Max ☐ Zirconia ☐ Full Zirconia ☐ Composite																																																														
Implant ☐ Cement-Retained ☐ Screw-Retained Enclosed Abutment × _____ Analog × _____ Transfer bar × _____ Screw × _____ Others × _____																																																																
C&B Extras ☐ Post/Core # _____ With Key ☐ Post&Crown Integrated # _____ ☐ Veneer # _____ ☐ Inlay/Onlay # _____ ☐ Milling # _____ ☐ Rest # _____ ☐ Metal ☐ Porcelain ☐ Wing # _____																																																																
Telescope <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>T</td><td>Telescope 1st layer</td></tr> <tr><td>S</td><td>Telescope 2nd layer</td></tr> <tr><td>TV</td><td>Telescope vest. facing</td></tr> <tr><td>TF</td><td>Telescope full facing</td></tr> <tr><td>N</td><td>Acrylic tooth</td></tr> <tr><td>M</td><td>Full metal crown</td></tr> <tr><td>A</td><td>Attachment</td></tr> <tr><td>X</td><td>Pontic</td></tr> </table>			T	Telescope 1st layer	S	Telescope 2nd layer	TV	Telescope vest. facing	TF	Telescope full facing	N	Acrylic tooth	M	Full metal crown	A	Attachment	X	Pontic																																														
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Shade: _____  Shade Guide: _____ Stump Shade: _____ Translucency: ☐ None ☐ Light ☐ Medium ☐ High Occlusal ☐ None ☐ Light ☐ Medium ☐ Heavy Stain: ☐ None ☐ Light ☐ Medium ☐ Heavy								Pontic Design  ☐ Full Ridge ☐ Modified Ridge ☐ Ovate ☐ Point Contact ☐ No Contact																																																								
If Insufficient Room ☐ Adjust Opposing & Mark ☐ Adjust Prep & Mark Die ☐ Make Metal Island ☐ Make Metal Occlusal ☐ Adjust Prep & Make Reduction Coping ☐ Resin ☐ Metal ☐ Contact for Discussion								Margin Design  180° Porcelain Margin 360° Porcelain Margin No Metal Collor Metal Lingual Collor _____mm 360° Metal Collor _____mm 3/4 Metal Occl. Full Metal Occl. (Ant.) Metal Lingual # _____ # _____ # _____ # _____ # _____ # _____ # _____																																																								
Enclosed With Case: ☐ Impression × _____ ☐ Opposing Model × _____ ☐ Bite × _____ ☐ Study Model × _____ ☐ Photo × _____ ☐ Others: _____								Interproximal Contact:  ☐ No Contact ☐ Point Contact ☐ Face Contact Occlusal Contact: ☐ Out (0.5mm) ☐ Light (0.3mm) ☐ Full (touch opp) Die Spacer(Layer): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5																																																								