BonaDent™ DENTAL LABORATORIES

WORK WITH THE BEST!

www.bonadent.com

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Fax: (315)539-9815

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West Melbourne, FL 32904
Toll Free: (800)537-8614
Fax: (321)728-0410

Rx DATE DELIVER BY 5:00 PM ON

DOCTOR'S NAME (PLEASE PRINT)

DOCTOR'S ADDRESS PHONE

PATIENT'S NAME (First Initial/Last Name) M / F SEX AGE

PFM

TEETH NUMBERS:

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

PFM ALLOY:
- ☐ High Noble Yellow (precious)
- ☐ High Noble White (precious)
- ☐ Noble (semi-precious)
- ☐ Captek

TRY-IN:
- ☐ Framework
- ☐ Bisque

FULL CAST ALLOY:
- ☐ High Noble Yellow (precious)
- ☐ High Noble White (precious)
- ☐ Noble Yellow (semi-precious)
- ☐ Noble White (semi-precious)

ADDITIONAL SERVICES:
- ☐ Diagnostic Wax-up
- ☐ Processed Temporary

IF INSUFFICIENT ROOM:
☐ Reduce & Mark ☐ Please Call ☐ Reduction Coping

BUTT JOINT:
☐ 180° ☐ 360°

PONTIC DESIGN:
☐ FULL RIDGE ☐ PARTIAL RIDGE ☐ NO RIDGE ☐ SANITARY ☐ BULLET

METAL DESIGN:
BAND AT BUCCAL: ☐ Hair Line ☐ 1 mm ☐ 2 mm ☐ No metal exposed
BAND AT LINGUAL: ☐ Hair Line ☐ 1 mm ☐ 2 mm ☐ No metal exposed

Golden Proportion: Central Incisor Length: _____mm

METAL-FREE

☐ Lava ☐ Empress ☐ Feldspathic ☐ Composite
☐ e.max ☐ Capital Zi ☐ CompleteZ (Full-Contour Zirconia)

FABRICATION PURPOSE: ☐ Correct Malalignment ☐ Close Spaces ☐ Increase Length ☐ Color Change

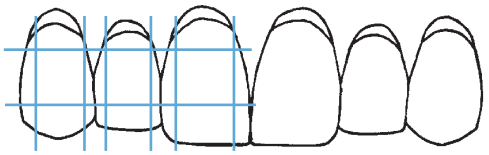
SURFACE TEXTURE: ☐ Smooth ☐ Moderate ☐ Heavy

SHADING CHART

Shade of Prepared Teeth:	Shade Desired:

Value:
- ☐ High (bright)
- ☐ Medium
- ☐ Low

Occlusal Stain:
- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Heavy



Hypo-Calcification _____

Posterior Occlusal Characterization _____

REMOVABLES

BEGO CAST PARTIALS:
☐ FREE Survey/Design ☐ Casting Try-In ☐ Set-Up/Try-in
☐ Biteblock ☐ Processed Saddles ☐ Acetal Clasp

DENTURE:
☐ Custom Tray ☐ Try-in ☐ Reline ☐ CELARA
☐ Biteblock ☐ Finish ☐ Rebase ☐ Staub Cranial
☐ Set-up ☐ Repair ☐ Soft Liner

TEETH:
☐ Bioform IPN ☐ BlueLine ☐ Artic ☐ Porcelain
☐ Other: _____
Shade: Ant._____ Post._____
Mould: Ant._____ Post._____

ACRYLIC:
☐ Regular ☐ Flexible Partial ☐ SR-Ivocap

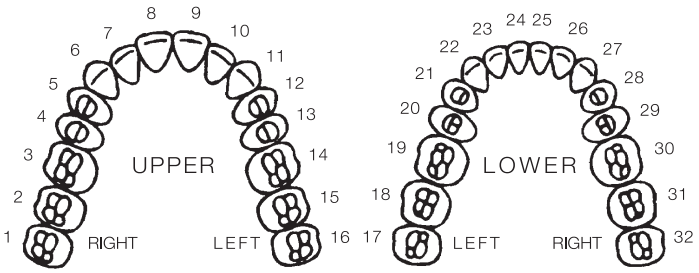
FINISH:
☐ Smooth ☐ Characterized

GINGIVAL SHADE: _____

NIGHTGUARDS:
☐ Intelliform ☐ Hard Nightguard
☐ Bruxi-Splint ☐ Hard/Soft Nightguard

ATHLETIC GUARDS:
☐ Multi-color (strap included)
☐ Vinyl

DESIGN YOUR CASE HERE:



CASE INSTRUCTIONS

Known Patient Allergies:

American Made™ Restorations

I authorize the above procedure to be performed.

☐ Attention: _____

☐ **Call Me** ☐ **Please evaluate my work**

Please Send: ☐ Rxs ☐ Shipping Labels ☐ Boxes

SIGNATURE OF DENTIST License #

"By signing above, I agree to pay interest charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of 2% per month for any work performed pursuant to this prescription and I further agree to pay all of BonaDent's resonable fees and collection costs in the event any amount due for work performed hereunder is referred for collection."