

FOR OFFICE USE:



**Toothsmiths Inc.**  
Olde tyme craftsmanship with today's technology

TOOTH # \_\_\_\_\_ TOOTH SHADE: \_\_\_\_\_ STUMP SHADE: \_\_\_\_\_

PHOTOS:  ATTACHED  EMAILED customerservice@toothsmiths.com  CUSTOM SHADE NEEDED

<p align="center"><b>FULL GOLD</b></p> <input type="checkbox"/> BASE / WHITE <input type="checkbox"/> NOBLE WHITE <input type="checkbox"/> NOBLE YELLOW <input type="checkbox"/> HIGH NOBLE WHITE <input type="checkbox"/> HIGH NOBLE YELLOW <input type="checkbox"/> <u>INLAY</u> <input type="checkbox"/> <u>ONLAY</u> <input type="checkbox"/> <u>CAST POST &amp; CORE</u>	<p align="center"><b>ZIRCONIA</b></p> <input type="checkbox"/> POSTERIOR FULL CONTOUR CROWN <input type="checkbox"/> ANTERIOR FULL CONTOUR CROWN <input type="checkbox"/> COPING W/ PORCELAIN	<p align="center"><b>OCCLUSAL CLEARANCE</b></p> <input type="checkbox"/> LIGHT OCCLUSION <input type="checkbox"/> IN OCCLUSION <input type="checkbox"/> OUT OF OCCLUSION _____MM <p align="center"><b>OCCLUSAL STAIN</b></p> <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY	
<p align="center"><b>PFM</b></p> <input type="checkbox"/> BASE / WHITE <input type="checkbox"/> NOBLE WHITE <input type="checkbox"/> HIGH NOBLE WHITE <input type="checkbox"/> HIGH NOBLE YELLOW <input type="checkbox"/> <u>METAL OCCLUSAL/ PORCELAIN BUCCAL</u> <input type="checkbox"/> <u>PORCELAIN BUTT MARGIN</u> <u>LINGUAL BAND</u> <input type="checkbox"/> NONE _____mm <input type="checkbox"/> 360 METAL COLLAR _____mm	<p align="center"><b>LITHIUM DISILICATE</b></p> <input type="checkbox"/> FULL CONTOUR CROWN <input type="checkbox"/> VENEER <input type="checkbox"/> PRESSED AND STAINED <input type="checkbox"/> CUT BACK AND LAYERED	<p align="center"><b>TRANSLUCENCY</b></p> <input type="checkbox"/> MINIMUM <input type="checkbox"/> MODERATE <input type="checkbox"/> MAXIMUM	
<p align="center"><b>IMPLANT</b></p> TYPE / MANUFACTURER _____ SCAN BODIES _____ <input type="checkbox"/> SCREW RETAINED <input type="checkbox"/> CEMENT RETAINED <input type="checkbox"/> HYBRID SCREW RETAINED SCREW RETAINED CEMENTED CROWN		<p align="center"><b>CONTACTS</b></p> <input type="checkbox"/> POINT <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> BROAD	
<p align="center"><b>SPECIAL INSTRUCTIONS</b></p> <input type="checkbox"/> PLEASE CALL <input type="checkbox"/> METAL TRY-IN <input type="checkbox"/> FINISH <input type="checkbox"/> OTHER (SEE NOTES) <input type="checkbox"/> REDUCTION COPING PRE-APPROVED <input type="checkbox"/> REDUCE THE OPPOSING PRE-APPROVED			<p align="center"><b>SURGICAL REPORT</b></p> <input type="checkbox"/> EMAIL (customerservice@toothsmiths.com) <input type="checkbox"/> FAXED (717-626-2053) <input type="checkbox"/> ATTACHED

**DOCTOR'S NOTES Implant & Crowns -**

PATIENT: _____ GENDER: _____ AGE: _____		
DATE APPOINTED * : _____ <small>*Please <b>DO NOT</b> schedule patient's appointment on the day of delivery.</small>	DATE WANTED: _____ <small>(ALL LOCAL DELIVERIES WILL BE MADE BY 5PM)</small>	DATE SENT: _____
<p align="center"><b>TREATMENT PLANNING</b></p> <input type="checkbox"/> "SIMPLE" DIAGNOSTIC MOCK-UP <input type="checkbox"/> "COMPLEX" DIAGNOSTIC MOCK UP <input type="checkbox"/> PROVISIONAL PMMA CROWNS <input type="checkbox"/> PROVISIONAL W/ COMPLETE DIAGNOSTIC <input type="checkbox"/> PROVISIONAL STENTS (SHIMS) <input type="checkbox"/> OTHER (SEE NOTES)		
<p align="center"><b>REMOVABLES</b></p>		
<input type="checkbox"/> COMPLETE OVER DENTURE <input type="checkbox"/> FULL "PREMIUM" DENTURE <input type="checkbox"/> FULL "ECONOMY" DENTURE <input type="checkbox"/> DUPLICATE DENTURE <input type="checkbox"/> POURED ACRYLIC DUPLICATE DENTURE <small>(NO DENTURE TEETH)</small> <input type="checkbox"/> PARTIAL (W/METAL FRAMEWORK) <input type="checkbox"/> ACRYLIC PARTIAL <input type="checkbox"/> ESSIX FLIPPER <input type="checkbox"/> FLEXIBLE PARTIAL	<input type="checkbox"/> HARD RELINE <input type="checkbox"/> SOFT RELINE <input type="checkbox"/> REBASE <input type="checkbox"/> RECONSTRUCT DENTURE <input type="checkbox"/> REPAIR (DESCRIBED BELOW)  <input type="checkbox"/> BITE BLOCKS <input type="checkbox"/> WAX TRY-IN <input type="checkbox"/> RESET <input type="checkbox"/> PROCESS & FINISH	<input type="checkbox"/> BLEACHING TRAY <input type="checkbox"/> HARD SPLINT NIGHTGUARD <input type="checkbox"/> SOFT SPLINT NIGHTGUARD <input type="checkbox"/> HARD/SOFT COMBO <input type="checkbox"/> ANTERIOR BITE SPLINT <input type="checkbox"/> SPORTS MOUTH GUARD  <p align="center"><b>CUSTOM TRAY</b></p> <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
<p><b>DOCTOR'S NOTES Removable -</b></p>		

SIGNATURE: REQUIRED - _____	ADDRESS: _____
DOCTOR: _____	CITY, STATE, ZIP CODE: _____
LICENSE #: _____	PHONE NUMBER: _____

By signing this script, I agree that payment will be made by the 15<sup>th</sup> of the month after the case is delivered and invoiced. I understand that a service charge of 2% per month will be added to all past due accounts.