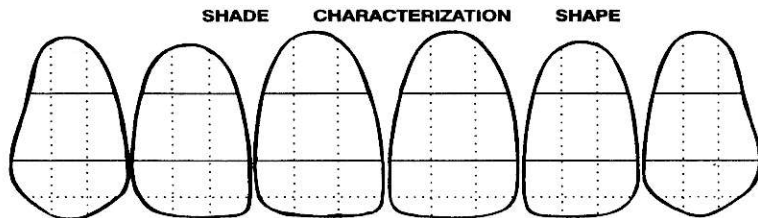


POLANCO DENTAL STUDIO
 1768 SIERRA BROOK CT.
 MANTECA, CA 95337
 209-825-7421
 CELL: 209-447-6292

Doctor _____ Patient _____
 Address _____ Age _____ Sex _____
 City _____ St _____ Zip _____ Date Sent: _____
 Phone _____ Try In Date: _____
 Finish Date: _____

ADDITIONAL INSTRUCTIONS



PARTIALS AND DENTURES (Please ✓)

CASE DESIGN		FACIAL CHARACTERISTICS	
<input type="checkbox"/> Full Upper	<input type="checkbox"/> Partial Upper	<input type="checkbox"/> Square	<input type="checkbox"/> Dominant rt side
<input type="checkbox"/> Full Lower	<input type="checkbox"/> Partial Lower	<input type="checkbox"/> Square Tapering	<input type="checkbox"/> Dominant lft side
<input type="checkbox"/> Reline	<input type="checkbox"/> Repair	<input type="checkbox"/> Tapering	<input type="checkbox"/> Diastema
<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Bite Block	<input type="checkbox"/> Ovoid	
<input type="checkbox"/> Val Plast			

MATERIALS

Anterior Teeth: IPN Plastic Porcelain
 Posterior Teeth: IPN Plastic Porcelain
 Shade _____ Mold _____ Shade _____ Mold _____

CROWN AND BRIDGE (Please ✓)

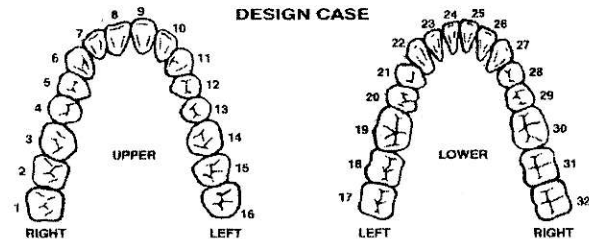
MATERIALS

<input type="checkbox"/> Porcelain to Metal	<input type="checkbox"/> All Porcelain
<input type="checkbox"/> High Noble (yellow)	<input type="checkbox"/> Zirconia
<input type="checkbox"/> Noble Precious Metal	<input type="checkbox"/> Empress
<input type="checkbox"/> Other _____	<input type="checkbox"/> E. max
	<input type="checkbox"/> Composite
<input type="checkbox"/> Other _____	<input type="checkbox"/> Bellglass HP

CASE DESIGN

<input type="checkbox"/> Full Crown	<input type="checkbox"/> Porc Butt Margin					
<input type="checkbox"/> ¾ Crown	<input type="checkbox"/> Other _____	<input type="checkbox"/> Full Ridge	<input type="checkbox"/> Partial Ridge	<input type="checkbox"/> No Ridge	<input type="checkbox"/> Point Contact	<input type="checkbox"/> No Contact
<input type="checkbox"/> Inlay	<input type="checkbox"/> _____					
<input type="checkbox"/> Onlay						

ADDITIONAL INSTRUCTIONS



DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____
 License Number _____ State _____

Thank You!

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ADDITIONAL INSTRUCTIONS

PARTIALS AND DENTURES (Please ✓)

CASE DESIGN		FACIAL CHARACTERISTICS	
<input type="checkbox"/> Full Upper	<input type="checkbox"/> Partial Upper	<input type="checkbox"/> Square	<input type="checkbox"/> Dominant rt side
<input type="checkbox"/> Full Lower	<input type="checkbox"/> Partial Lower	<input type="checkbox"/> Square Tapering	<input type="checkbox"/> Dominant lft side
<input type="checkbox"/> Reline	<input type="checkbox"/> Repair	<input type="checkbox"/> Tapering	<input type="checkbox"/> Diastema
<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Bite Block	<input type="checkbox"/> Ovoid	
<input type="checkbox"/> Val Plast			

MATERIALS






Anterior Teeth: IPN Plastic Porcelain
 Posterior Teeth: IPN Plastic Porcelain
 Shade _____ Mold _____ Shade _____ Mold _____

CROWN AND BRIDGE (Please ✓)

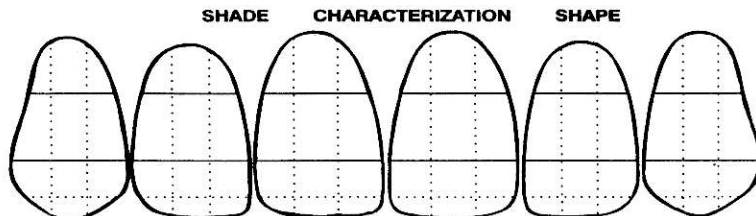
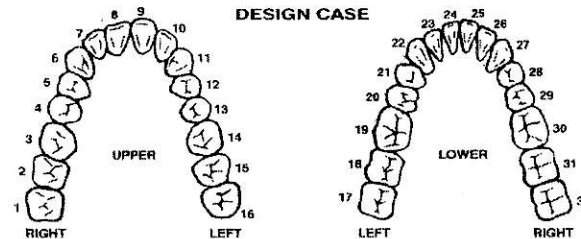
MATERIALS

<input type="checkbox"/> Porcelain to Metal	<input type="checkbox"/> All Porcelain
<input type="checkbox"/> High Noble (yellow)	<input type="checkbox"/> Zirconia
<input type="checkbox"/> Noble Precious Metal	<input type="checkbox"/> Empress
<input type="checkbox"/> Other _____	<input type="checkbox"/> E. max
	<input type="checkbox"/> Composite
<input type="checkbox"/> Other _____	<input type="checkbox"/> Bellglass HP

CASE DESIGN

<input type="checkbox"/> Full Crown	<input type="checkbox"/> Porc Butt Margin					
<input type="checkbox"/> 3/4 Crown	<input type="checkbox"/> Other _____	<input type="checkbox"/> Full Ridge	<input type="checkbox"/> Partial Ridge	<input type="checkbox"/> No Ridge	<input type="checkbox"/> Point Contact	<input type="checkbox"/> No Contact
<input type="checkbox"/> Inlay	<input type="checkbox"/> _____					
<input type="checkbox"/> Onlay						

ADDITIONAL INSTRUCTIONS



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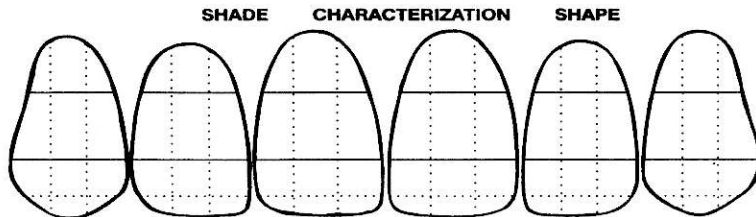
Signature _____
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ADDITIONAL INSTRUCTIONS



PARTIALS AND DENTURES (Please ✓)

CASE DESIGN		FACIAL CHARACTERISTICS	
<input type="checkbox"/> Full Upper	<input type="checkbox"/> Partial Upper	<input type="checkbox"/> Square	<input type="checkbox"/> Dominant rt side
<input type="checkbox"/> Full Lower	<input type="checkbox"/> Partial Lower	<input type="checkbox"/> Square Tapering	<input type="checkbox"/> Dominant lft side
<input type="checkbox"/> Reline	<input type="checkbox"/> Repair	<input type="checkbox"/> Tapering	<input type="checkbox"/> Diastema
<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Bite Block	<input type="checkbox"/> Ovoid	
<input type="checkbox"/> Val Plast			

MATERIALS

Anterior Teeth: IPN Plastic Porcelain
 Posterior Teeth: IPN Plastic Porcelain
 Shade _____ Mold _____ Shade _____ Mold _____

CROWN AND BRIDGE (Please ✓)

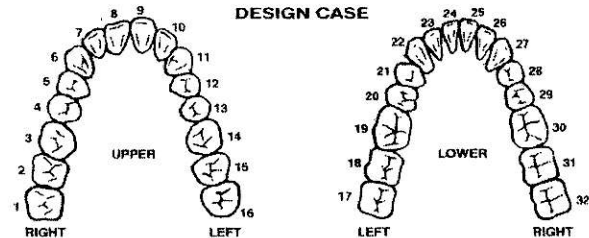
MATERIALS

<input type="checkbox"/> Porcelain to Metal	<input type="checkbox"/> All Porcelain
<input type="checkbox"/> High Noble (yellow)	<input type="checkbox"/> Zirconia
<input type="checkbox"/> Noble Precious Metal	<input type="checkbox"/> Empress
<input type="checkbox"/> Other _____	<input type="checkbox"/> E. max
	<input type="checkbox"/> Composite
<input type="checkbox"/> Other _____	<input type="checkbox"/> Bellglass HP

CASE DESIGN

<input type="checkbox"/> Full Crown	<input type="checkbox"/> Porc Butt Margin					
<input type="checkbox"/> ¾ Crown	<input type="checkbox"/> Other _____	<input type="checkbox"/> Full Ridge	<input type="checkbox"/> Partial Ridge	<input type="checkbox"/> No Ridge	<input type="checkbox"/> Point Contact	<input type="checkbox"/> No Contact
<input type="checkbox"/> Inlay	<input type="checkbox"/> _____					
<input type="checkbox"/> Onlay						

ADDITIONAL INSTRUCTIONS



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Thank You!