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AESTHETICS				
4764 N. Highway 16   Denver   NC   28037 704.489.9978   keydentalnc.com				
REMOVABLE RESTORATIONS				
HEMOVABLE RESTORATIONS				
DENTUREO EconomyO StandardO Premium				
CAST PARTIALS  O Cr-Co Partial O Cr-Co w/Cosmetic Clasps				
FRAMEWORK ONLY O Vitallium O Cr-Co O DuraCetal®				
METAL FREE PARTIALS  O TCS Flexible O Duraflex®				
ACRYLIC PARTIALS  O 1-5 teeth O 6-10 teeth O 11+ teeth				
REPLACE #				
<ul> <li>MULTI-STAGE RETURN CASE</li> <li>G Baseplate &amp; Rim Q Try-in</li> <li>G Final Process Q Complete (one stage)</li> </ul>				
NATURE-CRYL ACRYLIC SHADE  O #11 O #20 O #21 O #22  O #34 O #35 O #36				
FIXED RESTORATIONS				
ZIRCONIA  O ZirLife USA®  O ZirLife Aesthetic® (Anterior)  O BruxZir  TOOTH #				
O Premium Aesthetic Option (additional charge)				
PORCELAIN FUSED TO ZIRCONIA  O ZirLife USA® plus e.max®				
TOOTH # O Premium Aesthetic Option (additional charge)				
ALL CERAMIC  O e.max® Press O e.max® Milled				
TOOTH # O Premium Aesthetic Option (additional charge)				
PORCELAIN FUSED TO METAL				
O Porcelain to Non Precious				
<ul><li>O Porcelain to Non Precious</li><li>O Porcelain to Noble</li></ul>				
<ul> <li>O Porcelain to Non Precious</li> <li>O Porcelain to Noble</li> <li>O Porcelain to High Noble**</li> </ul>				
O Porcelain to Non Precious O Porcelain to Noble O Porcelain to High Noble**  TOOTH #				
O Porcelain to Non Precious O Porcelain to Noble O Porcelain to High Noble**  TOOTH #				
O Porcelain to Non Precious O Porcelain to Noble O Porcelain to High Noble**  TOOTH #  **METAL NOT INCLUDED O Premium Aesthetic Option (additional charge)  FULL CAST RESTORATIONS				

TOOTH # \_\_\_

\*\*METAL NOT INCLUDED

Dr.: Address:	SEND SUPPLIES ORX Forms OBoxes
Address.	OMailing Labels O_ SPECIAL ENCLOSURE
Phone: ( )	OPhoto OImpression OModels OShade Tab
Patient: Delivery by 5 p.	m. on:  OBite OImplant Parts O
R <sub>X</sub> specific instructions	♦ Send photos to: photos@keydentalnc.com
PREP DATE:	7 8 9 10
SHADE	6 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

Patient:	Delivery by 5 p.m. on:		OBite Oimplant Parts
Patient:  R <sub>X</sub> SPECIFIC INSTRUCTIONS  PREP DATE:  SHADE	Delivery by 5 p	♦ Send photos to: p	hotos@keydentalnc.com
SIGNATURE:		LICENSE: _	

IMPLANTS					
lmi	olant Brand:				
	Sidire Brana.				
Siz	e:				
011	OTORA A DI ITRAFRIT				
-	STOM ABUTMENT				
0	Atlantis	0	Ti-Custom		
0	OEM	0	Encode		
CU	STOM ABUTMENT MATE	RIAL			
0	Titanium	0	Zirconia		
0	Titanium with Gold-Hue				
STOCK ABUTMENT					
0	Prepare Existing	0	OEM part		
SCREW RETAINED					
0	Zirconia (w/Custom Abutn	nent)			
0	PFM (w/Castable Abutme	nt)			
RITE SPLINT					

O Hard Bite Splint

O Soft Bite Splint

O Hard/Soft Bite Splint

LICENSE:						
	IF NO OC	CLUSAL CLE	ARAN	ICE		
	O Metal	Occlusion	0	Spot Opposi	ng	
	O Reduc	ction Coping	0	Call Doctor		
	PONTIC D	ESIGN				
	$\sum_{\circ}$	$Q_{\circ}$	$Q_{\circ}$	$\bigcirc$		
	OCCLUSI	ON				
	Out	O Light	t	O Heavy		
	MARGIN/	METAL DES	IGN O			

**RETAINERS** 

O Essix

O Hawley