Dv			Date://		<b>Delivery information</b>			2272 Trade Zone Blvd.	
Rx	Patient's Name:				Delivery Date:/ by 5pm		San Jose, CA 95131 Phone: 408-865-0251		
	Patient's Appt. Date: _	_//_	Patient's Appt. Time:	🗆 pm 🗖 am	Shipping: ☐ Y ☐ N Shipp	oing Date://			
CF	e.max press solid crown e.max CAD/CAM crown layered e.max CAD/CAM solid crown		IMPLANTS Screw Retained (SR) One piece SR castable abutment Two piece SR abutment  1. Titanium abutment 2. Zirconia abutment 3. Gold coated abutment One piece SR lab cemented 1. Titanium abutment	Anterior Meta	al Lingual Design  Ingual Cingulum Full  Ingual Design	INCOMING CHEC  Impression Opposing mode Bite (PVS, Stick, Old crown Face bow record Master model Study model	l Wax)	ADDITIONAL PRODUCTS  Diagnostic wax-up PMMA provisional crown Study model CBCT scan appliance Night guard Dentures	
	Zirconia solid crown Solid multi-layered zirconia crown Veneer Inlay/Onlay Metal alloy		Zirconia abutment     Gold coated abutment Custom design:  Cement Retained (CR)	Pontic Design Full Modific Ridge	ed No No Point	<ul> <li>Articulator</li> <li>Implant screw</li> <li>Implant abutme</li> <li>Lab analog</li> <li>Implant impress</li> <li>Pictures include</li> </ul>	sion coping d	☐ Implant provisional crown ☐ EMA sleep apnea IMPANT DENTURES Please call the office to speak	
PFM	Non-precious Noble (semi) White high noble Yellow high noble wn Noble - white		Titanium abutment Titanium base zirconia abutment One piece zirconia abutment Stock abutment Solid abutment UCLA castable abutment Custom design:	netal showing al hairline mm 360° elain margin om design: uctions: □ Custom shade (cal	□ Pictures emailed □ Other:  I to schedule appointment) □ ne □ Light □ Medium □ Dark		with our implant dentures specialist.  FULL MOUTH CASE  Please call the office to speak with our master technician.  □ ND □ ST		
	High noble - white High noble - yellow  CTOR'S PREFERENCE  Doctor to trim dies	Implant S	System (Abutment) Please specify:	Special Ins	tructions:		Package co	ode (if applicable):	
	Bisque try-in Frame try-in Case review Please call (provide phone #)	Compute	r Guided Surgical Stent Nobel smart fusion Simplant Co-diagnostic Invivo-Anatomage Other	5 4 3 2 1	11 12 13 14 15 16				
Model Wax_ Metal_ CAD/C	Finish _CAD/CAM	Hardward	Lab provide hardwr.	32 (f) 31 (f) 30 (29 29 28 (27) 26 25	17 18 19 20 21 524 <sup>23</sup> 22				
Thank You!									
Signature:			_License#:				Doctor's z	zip code:	
By signing this	s work authorization you agree to abide by the fol	lowing conditions	Sherry Precision Dental Art ("SPDA") warrants all produ	ucts manufactured by SPDA to	be free from defects in material and workmansh	ip on the date of sale to the original purchase	er for use. With the e	xception of any special limited warranty, SPDA will	

by signing in its work autinotization you agree to above by the incidence of the control to the rest in the exception of any system of the control to the rest in the exception of the extent in the extent