



2828, Casa Aloma Way #400 Winter  
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Florida Registration: DL-11985

Dentist:	Date:
Practice:	Patient:
Address:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone:	Allergies:
Email:	Return by 5pm on:

Shade: \_\_\_\_\_

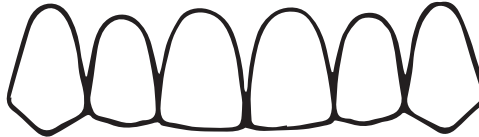
Stump shade: \_\_\_\_\_

I used  for my pictures

I want the Single Anterior Perfect Match Service

Please email pictures to [orlando@styledent.com](mailto:orlando@styledent.com).

In-lab shade apt: please provide patient's phone number: \_\_\_\_\_



**MATERIALS:**

- e.max
- e.max layered
- Full Contour Zirconia HT+\*
- Full Contour Zirconia Multi-layered\*
- Porcelain Fused to Zirconia

**OTHER:**

- Diagnostic Wax Up
- Provisional Restorations
- Prototype Try-In

\*Amann Girschbach

**IMPLANTS**

- Implant system: \_\_\_\_\_
- Platform: \_\_\_\_\_
- Dr will order parts
- Lab will order parts
- Original components
- Compatible components

- Screw-retained
- Cement-retained
- Hybrid Custom Abutment
- Straumann CARES
- Atlantis
- Nobel Biocare
- BellaTek Encode

**Full Arch Solutions**

- Micro-layered Full Contour Zirconia Bridge
- Micro-layered Zr / Ti Double Structure Bridge
- BDT Technique (Peek/e.max)

**Acrylic on  Titanium /  CoCr**

- Wrap Around
- Dolder
- ReBourke
- Montreal
- Other: \_\_\_\_\_

**If There is Not Enough Clearance:**

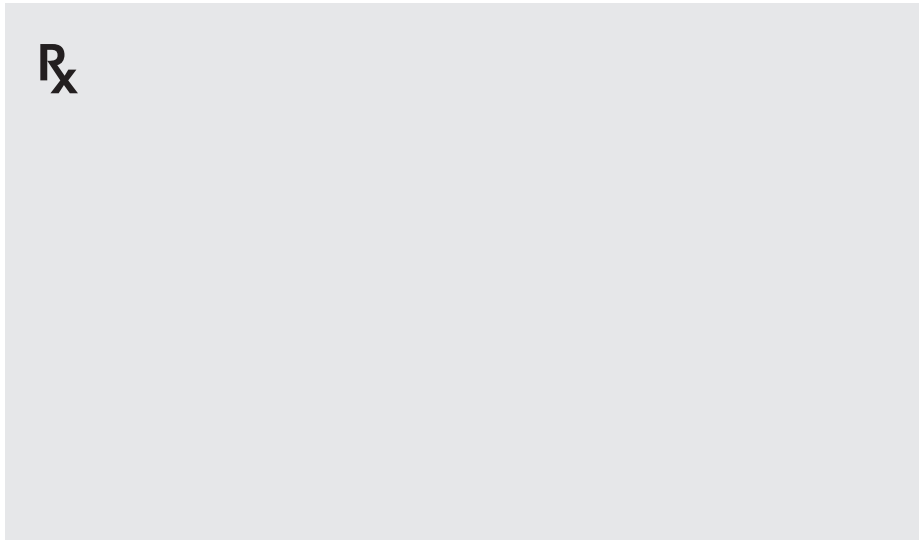
- Adjust opposing tooth
- Reduction Coping
- Call me / Text me: \_\_\_\_\_

**Interproximal Contacts:**

- Light
- Medium
- Heavy

**Occlusal Contacts:**

- Out (0.3 mm sub)
- Light
- Shimstock



I authorize the above procedure to be performed.

Prescribing Dentist Signature: \_\_\_\_\_ License No: \_\_\_\_\_