



541 E. Liberty St
 Savannah, GA 31401
 1-866-726-2635



Dr: _____
 Address: _____
 Email (Required): _____
 Patient: Silvia - Martinez RUSH \$40/unit
 (5 in-lab days)
 (See Email for Delivery Date)

SEND SUPPLIES

- Rx Forms
- Boxes
- Bags
- Shipping Labels
- _____

CERAMIC RESTORATIONS

EMAX - STUMP SHADE REQUIRED

TOOTH # _____

FULL ZIRCONIA

TOOTH # _____

PORCELAIN FUSED TO ZIRCONIA

Porcelain Facial Only

TOOTH # _____

PORCELAIN FUSED TO METAL

- Porcelain to Non Precious
- Porcelain to Noble*
- Porcelain to High Noble*
- Porcelain to Yellow Gold* - Premium Price
- Add Metal Occlusion
- Porcelain Butt Margin

TOOTH # _____

FULL CAST RESTORATIONS

- Non-Precious
- Non-Precious Yellow
- White Noble*
- Yellow Gold 50%*
- White High Noble*
- Yellow Gold 60%*

TOOTH # _____

*METAL CHARGE MAY APPLY

IMPLANTS

Implant Brand: _____

Size: _____

RESTORATION TYPE

Cement retained OR Screw retained

CUSTOM ABUTMENT MATERIAL

Titanium Gold-Hue Zirconia

CROWN MATERIAL

Full Zirconia EMAX
 Zirconia / Porcelain PFM

OVERDENTURE/ HYBRID (call for info & pricing)

FIXED (screw retained)
 Removable (w/ attachments)

Implant Surgical Guide

REMOVABLE RESTORATIONS

Upper Lower

DENTURE

- Standard Full (3 Layer Teeth)
- Premium Full (5 Layer Teeth)

STAGE

- Framework Try-In
 - w/ Wax Rim
- Wax Rim
- Set-Up for Try-In
- Process & Finish
- One Stage-Complete

PARTIALS

- Cast Metal
 - w/ Valplast Clasps
- Vitalium - Premium
 - w/ Valplast Clasps
- Acrylic w/ Wire Clasps

METAL-FREE PARTIALS

- Valplast
- TCS Flexible
- Duracetal
- Cu-Sil

ACRYLIC SHADE

- Light Medium Dark
- Light Meharry Meharry Clear

SLEEP APPLIANCES

NTI Dorsal Fin EMA

NOTES: _____

MOUTHGUARD/BITE SPLINT

OPTIONS

- Upper Lower
- Soft
- Hard / Soft Combo
- Hard Acrylic
- Thermoplastic (Adjustable in hot water)

ORTHODONTIC

RETAINERS

Hawley Clear Essix

SPACE MAINTAINERS

- Lower Lingual Arch
- Band & Loop (U or L)
- Clear Aligner Trays
- Nance

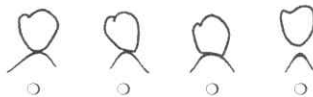
IF NO OCCLUSAL CLEARANCE

- Metal Occlusion
- Trim Opposing
- Reduction Coping
- Call Doctor

OCCLUSION

Out Light Heavy

PONTIC DESIGN



MARGIN/METAL DESIGN



Rx SPECIFIC INSTRUCTIONS

◆ SEND PHOTOS TO PHOTOS@PANAMD.COM

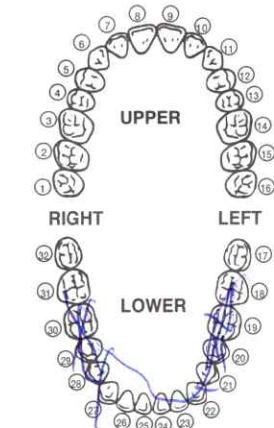
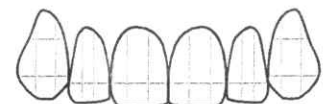
PREP DATE: _____

TOOTH SHADE

STUMP SHADE

A2 vita

*Lower Tooth supported
 RPD.
 Labial flanges if possible.*



SIGNATURE: ma DATE: _____ LICENSE #: _____



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MAQSOOD A. CHAUDHRY, D.D.S.
GROVE DENTAL CLINIC
3400 PAYNE ST. SUITE 101
FALLS CHURCH, VA 222041
PH: 703-578-0000

1453428

Dr.: _____
Address: _____

Email (Required): _____

Patient: Hussain - Akhtar RUSH \$40/unit
(5 in-lab days)

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ACRYLIC SHADE

- Light
- Medium
- Dark
- Light Meharry
- Meharry
- Clear

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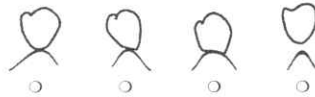
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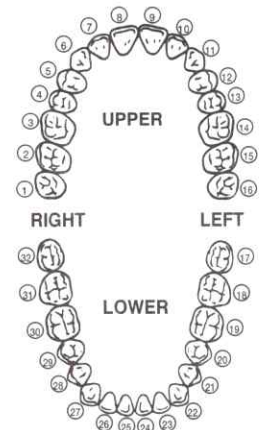
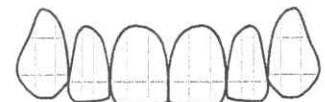
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PREP DATE: _____

TOOTH SHADE STUMP SHADE

A3 Vita

Lower Snap on Smile



SIGNATURE: _____ DATE: _____ LICENSE #: _____



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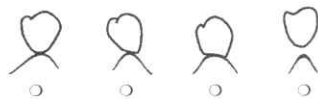
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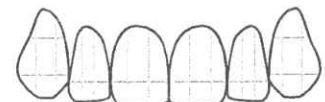
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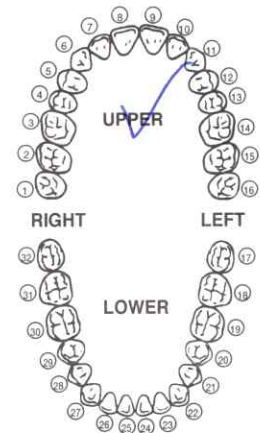
PREP DATE: _____

TOOTH SHADE _____ STUMP SHADE _____

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upper flexile RPD



SIGNATURE: *mab* DATE: _____ LICENSE #: _____