

Today's Date: ___/___/___ Date received in lab: ___/___/___
DOCTOR: _____
ADDRESS: _____

PHONE: (____) _____ Email _____

Patients Name (ID) _____	Date Due in Office ____/____/____
<input type="checkbox"/> Photos enclosed <input type="checkbox"/> Photos via Email	Not same day as patient
Email photos to : photos@Biogenicdental.com	

Digital Communication Request **Rush** extra charge

Send Digital Design pictures of my case to my email

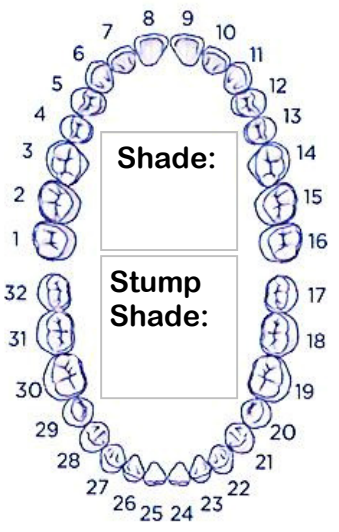
Call Me

Try- In only

Process to finish

Male Female

Patient's Age



1.800.367.3322

282 Genesee St. Utica, NY 13502

info@biogenicdental.com

www.biogenicdental.com

CNY Digital Design Center

FIXED: ALL CERAMIC ♦ PFM ♦ IMPLANTS

ZIRCONIA	PFM	Full Cast	IMPLANTS
<input type="checkbox"/> Zirlux	Bio 100 NP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Call Me
Layered porcelain	Bio 900 N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Custom Abutments
<input type="checkbox"/> Katana Monolithic Zr	Bio 1000 N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fixed Detachable
	Bio 1500 HN <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clip-bar Overdenture
	Captek <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cement or screw Retained
	Type III Gold <input type="checkbox"/>	<input type="checkbox"/>	
	NP Yellow <input type="checkbox"/>	<input type="checkbox"/>	

Lithium Disilicate

e.max Layered porcelain

e.max LD

SPECIAL REQUEST

Metal Occlusal Buccal Collar

Porcelain butt margin Milled Temp

Remove buttons Lingual collar

Bisque Bake

REMOVABLE: PARTIALS ♦ DENTURES ♦ IMPLANT

Partial	Comp	Frame	Try-In	Denture U / L	Tooth Choice
NobilStar <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bite-Block	<input type="checkbox"/> Artic
Bio 500 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper	<input type="checkbox"/> Portrait
Economy <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower	<input type="checkbox"/> Bioform
Flexible <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Custom Trays	<input type="checkbox"/> Bioblend
Laser Frame <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper	<input type="checkbox"/> NobilDent
				<input type="checkbox"/> Lower	<input type="checkbox"/> Ivoclar
					<input type="checkbox"/> Ivoclar-Blue
					<input type="checkbox"/> _____

Acrylic Partial

Wrought Wire

Flipper / Stay Plate

Guards

Hard Night guard

Hard/ Soft Night guard

Athletic Guard

Denture Base Material

199 Hi-Impact

Bio 400

Economy

Ethnic Light

Ethnic Med

Ethnic Dark

MISC

Reline

Soft Reline

Spare Denture

Transfer/ Jump

I Need More: Boxes Labels Rx's _____
 My Enclosures: Articulator Post Shade Tab Photos Tray _____

Dr. (sign) _____ LIC# _____

By signing this prescription you agree and are bound to the following terms and conditions: In the event the account becomes delinquent requiring legal consult you are subject to any and all attorney's fees and/or collection cost in addition to applicable interest charges of 2.0% per month