

PLEASE FILL OUT COMPLETELY

DOCTOR: _____
 ADDRESS: _____

PHONE: (_____) _____ Email _____

Patients Name (ID) _____

Male Female Patient's Age
 Photos enclosed Photos via email

Email photos to : photos@biogenicdental.com

Date Due in Office

____ / ____ / ____

Not same day as patient

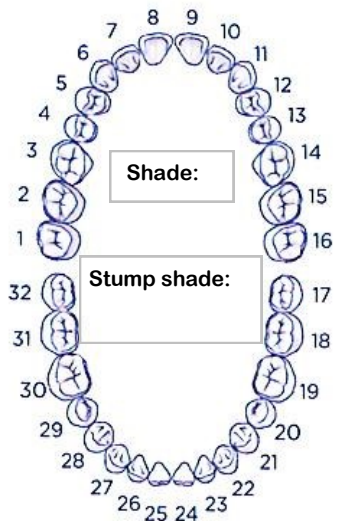
Rush extra charge

Send Digital Design pictures of my case to my email

Call Me

Try- In only

Process to finish



1.800.367.3322 - 315.797.4022
 282 Genesee St. Utica, NY 13502
 Fax: 315.797.6165
 info@biogenicdental.com
 www.biogenicdental.com

FIXED: ALL CERAMIC ♦ PFM ♦ IMPLANTS

ZIRCONIA

Monolithic Layered (PFZ) Laminate

Esthetic All-Ceramic

e.max Monolithic Layered Laminate

Celtra Monolithic Layered Laminate

PFM FC

Bio 100 NP
 Bio 900 N
 Bio 1000 N
 Bio 1500 HN
 Type III Gold
 NP Yellow

IMPLANTS

Custom abutments
 Fixed detachable
 Clip-bar overdenture
 Cement or screw retained
 Custom Base

SPECIAL REQUEST

Metal Occlusal
 Porcelain butt margin
 Remove buttons Buccal Collar
 Milled Temp Lingual collar
 Bisque Bake

REMOVABLE: PARTIALS ♦ DENTURES ♦ IMPLANT

Metal Partial Comp Frame /Try-In

NobilStar
 Milled titanium
 Bio 500
 Economy
 Laser Frame

Metal Free Partial Frame /Try-In

Ultaire AKP
 Flex / Visiclear
 Zirlux Acetal
 Biosens
 Acrylic (no wires) Wrought Wire
 Flipper/Stay Plate

Denture Base Material

199 Hi-Impact
 Bio 400
 Economy
 Ethnic Light
 Ethnic Med
 Ethnic Dark

MISC

Reline
 Soft Reline

Bite-Block

U L

Custom Trays

U L

Tooth Choice

Artic
 Portrait
 Bioform
 Bioblend
 NobilDent
 Ivoclar
 Ivoclar-Blue

Guards

Hard
 Night guard
 Hard/ Soft
 Night guard
 Soft
 Mouth guard

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

Please keep the yellow duplicate copy for patient records

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

FM4-431-001-00