Smile Again Center
A Dental Company

FIXED

(772) 207-1281 · (866) 336-5905
info@smileagaincenter.com
www.smileagaincenter.com

INTERNAL USE

Rx

PAN NUMBER: _____

PRACTICE:

Doctor: _____

Address: _____

Phone: _____ **DATE:** _____

PATIENT

First: _____

Last: _____

AGE _____ **DUE DATE:** _____

CASE ENCLOSURES:

☐ MAX
☐ Impression ☐ Model ☐ Pics
☐ Bite Reg ☐ Parts
info@smileagaincenter.com

Other: _____

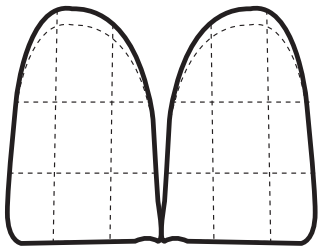
☐ MAND
☐ Impression ☐ Model ☐ Pics
☐ Bite Reg ☐ Parts
info@smileagaincenter.com

Other: _____

CHARACTERIZATIONS:

Tooth Shade: _____

☐ Call Upon Receipt



IMPLANTS

Brand _____

Platform Size _____

Platform Type _____

ABUTMENTS

☐ Titanium Custom
☐ Zirconia Custom
☐ Stock Prepared

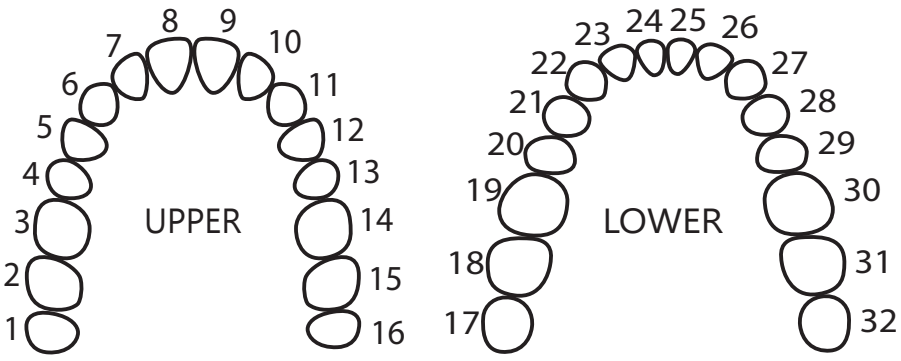
SCREW RETAINED

☐ Screw Retained
(selected material)

CHOOSE MATERIAL:

ZIRCONIA	EMAX	PFM	FULL CAST	OTHER
☐ Full Zirconia	☐ Full Emax	☐ PFM Non- Precious	☐ White Non- Precious	☐ Diagnostic Wax Up
☐ Layered Zirconia	☐ Layered Emax	☐ PFM Semi- Precious	☐ White Semi- Precious	☐ PMMA Acrylic Temp
		☐ Porcelain Labial Margin	☐ Yellow Full Gold	
			☐ Cast Post	

DESIGN:



NOTES: _____

Signature License Number