 2000 US Hwy 76 Hiawassee, GA 30546

[**BestValueDentalDesigns@gmail.com**](mailto:BestValueDentalDesigns@gmail.com)

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**(706) 435-0616**

Email & chat from website available for fast response during

and after hours.

Doctor/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Patient Appointment:  DATE: TIME: |

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fixed Restorations:** Crown Bridge Veneer Inlay/Onlay Temporary Metal try -in Other

(circle one) Maryland Bridge Implant (please include all info needed)

**PFM**: **Full Cast:** **Ceramics**: **Implants:**

Non-Precious Non-Precious ( Silver) Zirconia Screw Retained

Non Precious (Nickel-free) Non Precious (Nickel-free) Emax Cement Retaied

Noble Noble Gold Porcelain Fused to Zirconia

High Noble Noble Silver Anterior Zirconia or Extra Strength

Special Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tooth Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Occlusal Staining: None Light Medium Dark

**Additional Lab Services Requested:**

Porcelain Butt Metal Collar Guide Plane Reduction Coping Metal Island Crown Under Partial Metal Lingual/ Occlusal Other

 **NOTES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please send:**  Rx pad  mailing boxes  UPS labels or USPS labels

**Terms: Net 30 days. A 1.5% per month finance charge is added to all past due accounts. All accounts over 60 days past due will be placed on COD including outstanding balance due with shipment of case. Dentist will be responsible for all collection cost, including attorney’s fee to collect past due balance. By signing below, you are legally obligated to these terms**

**Dentists Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_Model(s) \_\_\_ Impression(s) \_\_\_Bite \_\_\_Partial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other

\_\_\_Imp. Post \_\_\_ Analog(s) \_\_\_Abutment(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

Enclosed

** REMOVABLE RX**

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**Partials: Upper Lower**

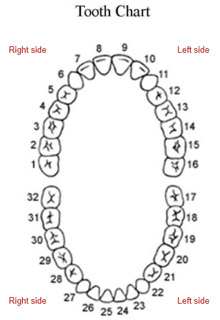
Acrylic Start to Finish

Cast Metal Try-in

Flexible Process to Finish from Try In

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

(if left blank, standard shade will be used)



**Night Guards**

Upper Lower

Hard Soft Hard/Soft

**Other**

**Custom Tray Bite Rim/Block**

**Basic Repair Reline Rebase**

**Dentures: Upper Lower**

Start to finish Wax Try In Process to finish from Try In

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

(if left blank, standard shade will be used)

NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Enclosed in Case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed