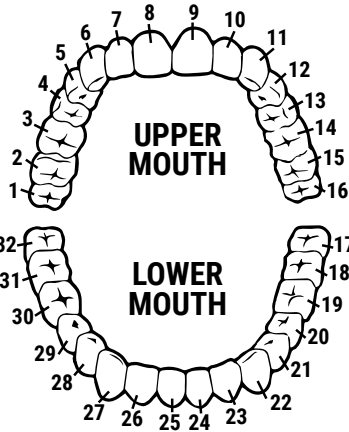




**MCDADE DENTAL STUDIO
USE ONLY**

Date Received: _____

DOCTOR / PATIENT INFO



Patient Name: _____ Doctor Name: _____

Tooth Shade: _____ Gingival Shade: _____

Implant Brand: _____ Platform/Size: _____

Upper Lower Upper/Lower Other

If Other, Please Select The Teeth Needed:

<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	<input type="checkbox"/> 31
<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28	<input type="checkbox"/> 32

DATA SOURCE

McDade Dental Studio's Design Intraoral Scanner: _____
 Doctor's Design & Model Impression Email

RESTORATION

Zirconia	Porcelain	Misc	Implant Abutment	Implant Supported Dent.
<input type="checkbox"/> ArgenZ	<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Gold	<input type="checkbox"/> Titanium	<input type="checkbox"/> Copy Waxup
<input type="checkbox"/> Zirlux	<input type="checkbox"/> Facial Cutback	<input type="checkbox"/> PMMA Temporary	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Try-In
	<input type="checkbox"/> PFM		<input type="checkbox"/> Screw-Retained Crown	

FINISHING

Stain & Glaze Polish Photos Sent Shade Consult

Contact Info: _____

SPECIFICATIONS

Signature: _____

License: _____

Date: _____

Requested Return Date: _____

Is This A Rush Case?*: Yes No

*If rushed I acknowledge that there will be a rush fee involved



444 Forest Square #H, Longview, TX 75605 | 903.238.3911 | mcdademillingcenter@aol.com

FAMILY OWNED & OPERATED SINCE 1987