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5/9/23, 5:25 PM

888. 51SOLUTIONS
Tel: (805) 517-0100
Fax: (805) 517-0102

Solutions Studios Inc

216 Moorpark Ave., #202
Moorpark, CA 93021

Doctor _____

Address _____

_____

PATIENT INFORMATION

Name _____

Age _____ Sex M ☐ F ☐

FOR LAB USE ONLY

Received _____

Max. Model ☐ Impr. ☐

Mand. Model ☐ Impr. ☐

_____

Shade _____ Prep Shade _____

FACE SHAPE

Square ☐ Tapering ☐ Taper ☐ Ovoid ☐

ANTERIOR SET UP Ideal ☐ Characterized ☐

DENTURES AND PARTIALS

- ☐ Custom Tray
- ☐ Base Plate / Wax Rim
- ☐ Set up Teeth
- ☐ Reset Teeth
- ☐ Process / Finish

SPECIALTY PRODUCTS

- ☐ Hard Night Guard
- ☐ Hard/Soft Night Guard
- ☐ Temporary Crown
- ☐ Diagnostic Wax-Up
- ☐ Repair

FIXED RESTORATIONS

- ☐ IPS e. max® Pressed Crown
- ☐ e. max® Inlay/Onlay
- ☐ e. max® Pressed Layered Crown
- ☐ e. max® Pressed Veneer
- ☐ Full Zirconia Crown
- ☐ Zirconia Layered Crown
- ☐ PFM
- ☐ Non-Precious
- ☐ Noble
- ☐ High Noble

SHADE ACRYLIC

- ☐ Original
- ☐ Light Pink
- ☐ Dark
- ☐ Light Reddish Pink

IMPLANT RESTORATIONS

- ☐ Implant Screw-Retained
- ☐ Implant Size
- ☐ Implant Brand
- ☐ Custom Abutment
- ☐ Stock Abument

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SPECIAL INSTRUCTIONS

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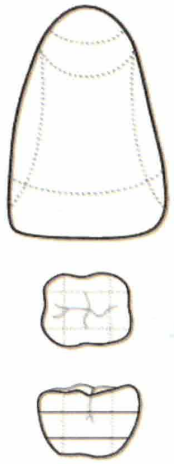
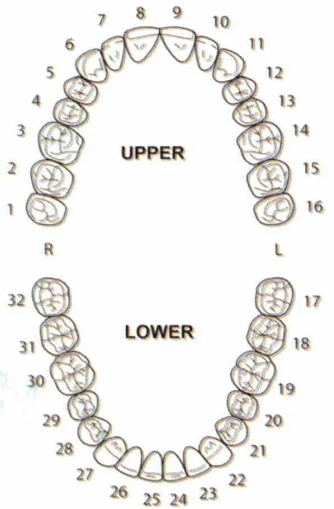
PLEASE SEND: Rx's ☐ Boxes ☐





ALL RUSH CASES MUST BE PRE-SCHEDULED. PLEASE CALL OUR OFFICE BEFORE SENDING A RUSH CASE.

Return by 5 PM on _____ Today's Date _____

Doctor's Signature _____ License # _____

PLEASE SEND PHOTOS AND EMAILS TO: images@solutionsdentalstudios.com

Rx1.png