

# Precision Arts

DENTAL STUDIO LLC

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 Email: precisionstudio@sbcglobal.net

From: Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

License # \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: M / F

**ALLOY SELECTION:**

CERAMICS:  High Noble White  High Noble Yellow  Noble White

FULL CAST:  High Noble Yellow  Noble Yellow  Noble White  High Noble White

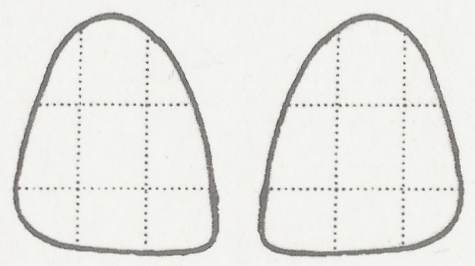
**ALL CERAMIC:**

ZIRCONIA:  Porcelain Fused To XT  Full Cast XT

HIGH TRANSLUCENCY ZIRCONIA:  Porcelain Fused To Imagine  Full Cast Imagine

LITHIUM DISILICATE:  Porcelain Fused To Emax  Full Cast Emax

**CHARACTERIZATION:**



**SHADE INSTRUCTIONS:**

Gingival \_\_\_\_\_

Body \_\_\_\_\_

Incisal \_\_\_\_\_

GLAZE:  Low  
 Medium  
 High

**PONTIC DESIGN:**

Full Ridge	Partial Ridge	No Ridge	Point Contact	No Contact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RIDGE RELIEF:**

- None
- Slight
- Medium
- Heavy
- Extraction \_\_\_\_\_ MM

**METAL DESIGN:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FACIAL MARGIN:**

- Metal
- Show No Metal
- Porcelain Butt Margin

**CONTACT TYPE:**

A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>

**INSTRUCTIONS:**

Return Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Use reverse side for additional instructions*



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 1081 GREEN BAY WI

POSTAGE WILL BE PAID BY ADDRESSEE

**PRECISION ARTS DENTAL STUDIO LLC  
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