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Dr. Name _____ Dr. Phone # _____

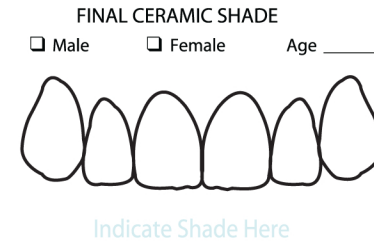
Dr. Account # _____ Patient _____ (Last) / (First)

Address/E-mail _____ Deliver by 5 p.m. on _____

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos Other: _____

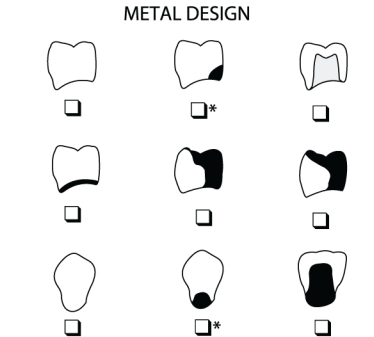
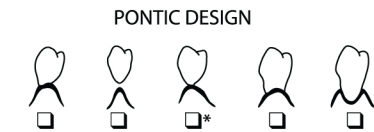
Rx

☐ CHECK HERE TO MANUFACTURE CERAMICS OR FULL CAST USING CAD/CAM



OCCLUSAL STAINING

☐ None ☐ Light* ☐ Medium ☐ Dark



*Standard unless specified otherwise

METAL-FREE

- Single - Unit Crowns
- ☐ IPS e.max
☐ IPS Empress
☐ Procera Alumina
☐ Vita Mark II
- Zirconium Crowns & Bridges
- ☐ Vita YZ
☐ IPS e.max ZirCAD
☐ Procera
☐ Crystal YZ
- Veneers
- ☐ IPS e.max ZirPress
☐ IPS e.max
☐ IPS Empress
☐ Procera Laminate
- Inlays / Onlays
- ☐ IPS e.max
☐ IPS Empress
☐ Vita Mark II
☐ Sculpture +

PORCELAIN FUSED TO:

- ☐ Non-Precious ☐ Semi-Precious
☐ White Gold ☐ Captek™
☐ High Noble Yellow Gold

FULL-CAST

- ☐ Non-Precious ☐ Semi-Precious
☐ Yellow Gold ☐ Gold Inlay / Onlay
☐ Post and Core

IMPLANTS

- ☐ UCLA (screw-retained) Implant Crown
☐ Prepable Abutment (parts provided)
☐ Custom Casted Abutment
☐ Procera Custom Titanium Abutment
☐ Procera Custom Zirconia Abutment
☐ Radiographical Guide
☐ Surgical Stent
☐ Implant Denture over Bar (Fixed or Removable Bar)
☐ PIB (Procera Implant Bridge)

OTHER FIXED SERVICES

- ☐ Maryland Bridge
☐ Additional Pontic ☐ Acrylic Provisional
☐ Additional Wing ☐ Composite Provisional

- ☐ Full 360 Porcelain Margin ☐ Porcelain Margin
☐ Metal Occlusal Surface ☐ Occlusal / Lingual Rest
☐ Metal Lingual ☐ Crown Under Partial

ATTENTION

All accounts are payable within 15 days of statement date, which is the last working day of each month. Accounts not paid within the stated terms will be subject to a late charge of 2% of the unpaid balance and may be subject to C.O.D. status.

FOR LAB USE ONLY

- ☐ Local Driver ☐ Domestic Mail
Enclosed with case: ☐ impression ☐ mode
☐ opposing ☐ photos ☐ other

Signature below is acceptant of sole responsibility for payment and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees. Dmitriy Dental Studios requires that each case be accompanied by a lab slip – this is considered a binding work order and is subject to all stated terms and conditions.

Dentist signature _____ License # _____

DENTURES (Ivocap™)

- ☐ Denture ☐ Immediate Denture
☐ Upper ☐ Lower
☐ Flipper ☐ Denture w/Suction Cup

Extra Tooth # _____

Teeth: ☐ Plastic ☐ Ivocap BlueLine™

METAL PARTIALS

- ☐ Metal Partial (Nobillium) ☐ Cast Mesh
☐ Vitallium Metal Partial ☐ Metal Repair
☐ Unilateral Partial ☐ Vitallium Frame
(up to 4 teeth) (only)
☐ Partial-metal frame only ☐ Frame Weld
☐ Unilateral Complete Partial (up to 4 teeth)

OTHER REMOVABLE SERVICES

- ☐ Basic Repair ☐ Bite Block
☐ Soft Reline ☐ Hard Reline
☐ Acrylic StayPlate ☐ Surgical Stent
☐ Denture Rebase ☐ Suction Cup Reline
☐ Wire or Ball Clasp ☐ Thermoflex Clasp
☐ Metal Mesh ☐ Lingual Metal Bar
☐ Hader Bar Clip ☐ I-Bar

MISCELLANEOUS SERVICES

- ☐ Artistic Diagnostic Wax-up ☐ Study Model

Extra Charge for Rush Cases and CCDL Custom Shade and Glaze™ (two visits)

VALPLAST PARTIALS

- ☐ Full Partial ☐ Valplast Clasp
☐ Unilateral ☐ Valplast Rebase
☐ Partial w/metal frame ☐ Valplast Repair
☐ Valplast/Vitallium Combo

NIGHT GUARDS (Erkoform) AND OTHER TRAYS

- ☐ Soft ☐ Hard/Soft
☐ Hard (acrylic) ☐ Sports Guard
☐ Custom Tray ☐ Bleaching Tray
(☐ upper ☐ lower)

LABORATORY USE ONLY

By _____ Mail _____ 01-421-0807univ