



# PRECISION ARTS DENTAL STUDIO

1500 Tara Hills Dr. Suite 102, Pinole, Ca 94564 Phone 510-785 5860

Dr: \_\_\_\_\_ Date: \_\_\_\_\_

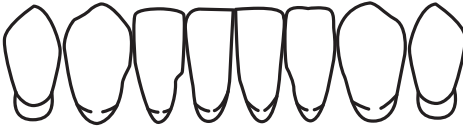
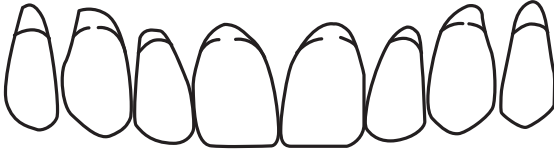
Patient: \_\_\_\_\_  
(Last) (First)

**Due Date**

M  F Age: \_\_\_\_\_

By 6:00 pm \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please indicate desired shade on drawing below



### Occlusal Stain

No  
 Yes  L  M  D

Custom shade

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

### INCOMING CHECK LIST

- Impression
- Opposing
- Bite
- Pictures
- Old Crown
- Study Models
- Old Models
- Face Bow
- Articulator

### R<sub>x</sub> - INSTRUCTIONS



# PRECISION ARTS DENTAL STUDIO

### Case

### Products

- EMAX
- 3M Lava™ Milled Zirconia
- BelleGlass™
- Diagnostic Wax-Up
- Porcelain Fused to Metal
- Full Gold Crown
- Implant

### Porcelain to Metal

#### PORCELAIN FUSED TO METAL

- Porcelain Fused to Non-Precious
- Porcelain Fused to White Gold
- Porcelain Fused to Yellow Gold

### Design Instructions

#### ANTERIORS

#### POSTERIORS

Metal coping  Metal coping  
All porcelain coverage

Metal coping  Metal coping  
All porcelain coverage

Metal lingual  Metal occlusal  
Excluding buccal cusp

Metal Margin \_\_\_ MM  Porcelain Margin

#### If No Occlusal Clearance

#### Pontics

- Metal Occlusal
- Reduction Coping
- Spot Opposing



### ADDITIONAL INSTRUCTIONS ATTACHED

Signing this work authorization indicates that you agree to abide by the following conditions: 1) All invoices for work performed are due and payable within 30 days. 2) A service charge of 1.5% (18% APR) will be paid on all invoices over 30 days. 3) In the event that legal action becomes necessary, you agree to pay all collection and attorney fees involved in the collection of the debt.

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

Lic. No. \_\_\_\_\_