

Date	Return Date
Dentist	Clinic/Practice
Patient Name	Patient Return Appt

CROWN & BRIDGE

All Ceramic Restoration

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Zirconia Monolithic Full Crown |
| <input type="checkbox"/> | <input type="checkbox"/> | Zirconia Layered/Laminated |
| <input type="checkbox"/> | <input type="checkbox"/> | Inlay/Onlay full contour Zirconia |
| <input type="checkbox"/> | <input type="checkbox"/> | e.max crown |
| <input type="checkbox"/> | <input type="checkbox"/> | e.max Inlay/Onlay/Veneer |
| <input type="checkbox"/> | <input type="checkbox"/> | Zirconia Maryland |

Metal Restoration

- | | | |
|--------------------------|--------------------------|---------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | PFM Crown |
| <input type="checkbox"/> | <input type="checkbox"/> | PFM Metal Occlusion |
| <input type="checkbox"/> | <input type="checkbox"/> | Crown/Inlay/Onlay |
| <input type="checkbox"/> | <input type="checkbox"/> | Metal Post |
| <input type="checkbox"/> | <input type="checkbox"/> | Titanium Crown |
| <input type="checkbox"/> | <input type="checkbox"/> | Maryland Bridge |

Implant Restoration

- | | | |
|--------------------------|--------------------------|---------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Zirconia Monolithic |
| <input type="checkbox"/> | <input type="checkbox"/> | Zirconia Laminated |
| <input type="checkbox"/> | <input type="checkbox"/> | e.max on Implant |
| <input type="checkbox"/> | <input type="checkbox"/> | PFM on Implant |

Miscellaneous

- | | | |
|--------------------------|--------------------------|----------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Digital Wax Up |
| <input type="checkbox"/> | <input type="checkbox"/> | Virtual Design |
| <input type="checkbox"/> | <input type="checkbox"/> | Bar |

DIGITAL DENTURES & DIAMOND ALIGNERS

IDS Digital Solutions

- | | | |
|--------------------------|--------------------------|--------------------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Digital Diagnostic Wax |
| <input type="checkbox"/> | <input type="checkbox"/> | Digital Design Fee (per tooth) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3D Printed – Single Arch |
| <input type="checkbox"/> | <input type="checkbox"/> | 3D Printed – White Study Model |

Virtual Design Bars

- | | | |
|--------------------------|--------------------------|--------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2-3 Fixtures |
| <input type="checkbox"/> | <input type="checkbox"/> | 4-5 Fixtures |
| <input type="checkbox"/> | <input type="checkbox"/> | 6+ Fixtures |

Diamond Aligners

- | | | |
|--------------------------|--------------------------|-------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Single Arch |
| <input type="checkbox"/> | <input type="checkbox"/> | Dual Arch |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Step |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 Step |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlimited |

Extras

- | | | |
|--------------------------|--------------------------|-----------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Express |
| <input type="checkbox"/> | <input type="checkbox"/> | Lost Retainer |
| <input type="checkbox"/> | <input type="checkbox"/> | Re Design* |
| <input type="checkbox"/> | <input type="checkbox"/> | Lingual Wire |
| <input type="checkbox"/> | <input type="checkbox"/> | Passive Essix |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleaching Trays |

Instructions:

SHADE:

