

CAMTECH DENTAL DESIGN

T. 703. 942. 5655
E. info@mycamtech.com
2724 Dorr Ave suite #100G,
Fairfax, VA 22031
WWW.MYCAMTECH.COM

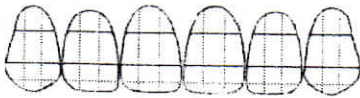
Doctor _____ Tel _____

Patient _____ Age _____

Date Sent _____ Due Date _____

- Male
- Female
- Metal Try-In
- Bisque Try-In
- Finish

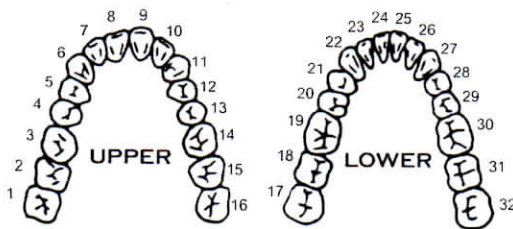
Shade Instructions



Shade _____ Stump _____

Occlusal Staining

- None
- Light
- Medium
- Dark



If No Occlusal Clearance

- Relieve Opposing
- Reduce Prep with Reduction Coping

Rx Instructions

All Ceramic Restoration

- Full Solid Zirconia
- Layered Zirconia
- E-max
- E-max Veneers
- E-max Onlay / Inlay

Porcelain Fused to Metal

- Semi-Precious
- High Noble White
- High Noble Yellow
- Captek™

Implant Abutment

- Custom Titanium Abutment
- Custom Zirconia Abutment with Titanium Base
- UCLA Custom Abutment

Removable

- Cast Partial
- Flexible Partial
- Full Denture

Metal Design



Pontic Design



Interproximal Spacing



Dr. Signature _____ D.D.S. License _____

"By signing above, I agree to pay interest charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of 5% per month for any work performed pursuant to this prescription and I further agree to pay all of CAMTECH DENTAL DESIGN'S reasonable fees and collection costs in the event any amount due for work performed hereunder is referred for collection."