



103 Fort Salonga Road, Suites 13-17
 Fort Salonga, NY 11768 USA
 +1 631 923 2698
 www.HealthStarDental.com

Doctor's Name / Account Number or Referring Dental Lab _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

RUSH CASE
 (Rush Fee Accepted)

Patient's Name _____

Date of Rx ____/____/____ Requested Return Date ____/____/____

Doctor's Signature _____

License # _____

Fixed Restorations

Tooth Number(s) _____ Shade _____

Shade Guide Used _____ Stump Shade _____

Restoration

- Crown
- Veneer
- Post & Core
- Inlay / Onlay
- Bridge

- If Insufficient Room**
- Trim opposing
 - Metal occlusal
 - Metal island
 - Call to discuss
 - Reduction coping

- Occlusal Contact**
- Light
 - Open
 - Tight

- Interproximal Contact**
- Light
 - Medium
 - Heavy

Implant

- Stock Abutment
- Custom Milled Titanium
- Hader Bar
- Screw Retained
- Custom Milled Zirconia

Screw Retained

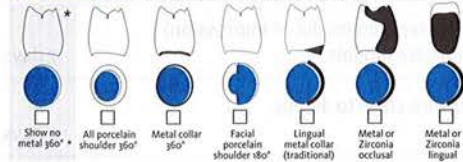
- Posteriors** Zirconia Solid
- Anteriors** Solid Lingual
 Facial Layered

- Emergence Profile:**
- Push tissue by 0.5mm
 - Anatomical design
 - Ridge lap on buccal on screenshots

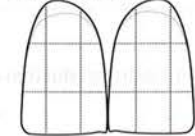
Implant:
 Type _____
 Size _____

- To be included:**
- Lab analog
 - Impression coping
 - Abutment
 - Others _____

Margin Design Please check the box of your choice(s)

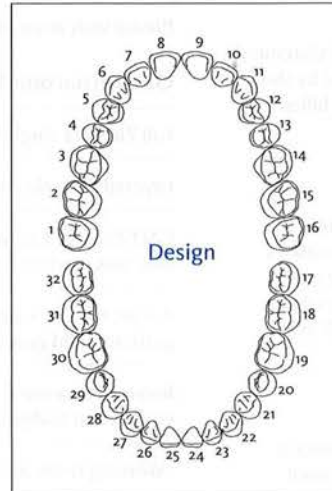
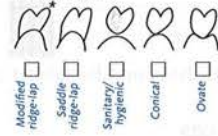


Crown Design Characterizations



Pink Tissue Shade _____

Pontic Design



Custom Abutment

Design

- L - 0.5mm
- B - 1mm
- D - 0.5mm
- M - 0.5mm

Emergence Profile

- Follow tissue (no expansion)
- Contour design (expand tissue by 0.5mm)
- Anatomical (fully expand tissue)

Metal Free

- Full Contour Zirconia
- E.max Pressed
- Monolithic Ceramic Crown/Bruzzir
- Porcelain Fused to Zirconia

PFM Crowns

- Non-Precious
- Semi-Precious
- High Noble White Gold
- High Noble Yellow Gold

Full Cast

- Non-Precious
- Semi-Precious
- High Noble White Gold

Removable Restoration / Ortho

Check all that apply

- Upper
- Lower
- Try-in
- Finish
- Cusil
- Other _____
- Denture
- Immediate / Surgical Denture
- Bite Block
- Extract Tooth # _____
- Extract All
- Extract Now
- Extract After Try-in

Teeth (Stock teeth used if no option selected)

Tooth Shade _____ IPN Portrait*

Partials / Dentures

- Custom Tray
- Wax Rim
- Set-up Teeth
- Acrylic Process
- Flexible Process
- Metal Frame - CoCr Cast
- Metal Frame - CoCr Flexi Combo
- Repair
- Flipper

Acrylic Shade

- Pink
- Light Pink
- Light Meharry
- Medium Meharry
- Dark Meharry

Design

- Horseshoe Palate
- AP Open Palate
- Full Palatal Metal Coverage
- Palatal Strap
- Metal Occlusion
- Resets
- Lingual Apron
- Lingual Bar

Repair

- Rebase
- Basic Repair
- Soft Liner
- Add Tooth #
- Reline

Guards

- Hard
- Hard / Soft
- Soft
- Self Adjusting / Astron
- NTI
- Sports Mouth Guard
- Sleep Apnea - Dorsal Fin
- Sleep Apnea - Silensor
- Sleep Apnea - Tap3Elite+
- EMA
- Retainers
- Clear Retainer/Essix
- Hawley Retainer
- Sodering Retainer
- Space Maintainer

The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the account is in collections or litigation, including reasonable fees.