MATRIX Dental Arts

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(502) 260 - 5930 www.matrixdentalarts.com
Email Photos: info@matrixdentalarts.com
Text Photos: (502) 260 - 5930

Office: _____

Patient Name: _____

Due Date: _____ Time: _____

Rx

Tooth #: _____ Shade: _____

SELECT PRODUCT

☐ Crown ☐ Bridge ☐ Veneer

SELECT RESTORATION

ZIRCONIA

- ☐ Matrix HT
- ☐ Matrix 3-D ML
- ☐ LayZIR

MILLED FULL CAST

- ☐ Non-Precious
- ☐ AU 40%
- ☐ AU 60%

DIGITAL WAX UP

- ☐ Design Only *Email/Text Photos*
- ☐ Digital Wax Up Package

3-D NIGHTGUARD

- ☐ Hard
- ☐ Soft
- ☐ 2-Pack

IMPLANTS

Implant System: _____ Size: _____

RESTORATION TYPE

- ☐ Screw-Retained
- ☐ Cement Retained
- ☐ ALL ON X FULL ARCH

CUSTOM ABUTMENT

- ☐ Titanium
- ☐ Gold-Colored Titanium
- ☐ Zirconia

Signature: _____

License #: _____ Date: _____