

Finesse Dental Studio



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DR.:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

INDICATE BY X

BOXES

RX FORMS

BAGS

CONTACT
DR.

Patients Name: _____ Date _____

SPECIAL INSTRUCTIONS

UPPER

- Frame Only
- Frame & Set-up
- Frame & Bite Blocks
- Frame, Set-up & Finish
- Bitrerims
- Custom Tray
- Set-up/Try-In
- Set-Up/Finish

ALL ACRYLIC/VALPLAST PARTIALS

- Valplast - No Metal
- Valplast/cast combo
- Acrylic Partial
 - Acrylic Clasps
 - Wire Clasps

LOWER

- Frame Only
- Frame & Set-up
- Frame & Bite Blocks
- Frame, Set-up & Finish
- Bitrerims
- Custom Tray
- Set-up/Try-In
- Set-Up/Finish

ALL ACRYLIC/VALPLAST PARTIALS

- Valplast - No Metal
- Valplast/cast combo
- Acrylic Partial
 - Acrylic Clasps
 - Wire Clasps

SHADE _____

DUE DATE _____

Abutment

- Preparable Stock Abutment
- Custom Titanium Abutment
- Custom Zirconia Abutment
- Screw Retained PFM
- Screw Retained Zirconia

Restorations

- PFM*
- EMAX* full contour
- EMAX* layered
- Zirconia Full Contour
- Zirconia Layered

LAB