



# Sofia Dental Studio

1150 N. Country Club Dr., #5

Mesa Az 85201

Phone/Fax (480) 969 7537

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

City/State: \_\_\_\_\_

Patient: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Date Wanted: \_\_\_\_\_

## TYPE OF RESTORATION:

- |                                |                                  |                                 |                                 |                                 |                                 |
|--------------------------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> FULL  | <input type="checkbox"/> PARTIAL | <input type="checkbox"/> TRY-IN | <input type="checkbox"/> FINISH |                                 |                                 |
| <input type="checkbox"/> UPPER | <input type="checkbox"/> IMMED   | <input type="checkbox"/> UPPER  | <input type="checkbox"/> IMMED  | <input type="checkbox"/> REPAIR | <input type="checkbox"/> RELINE |
| <input type="checkbox"/> LOWER | <input type="checkbox"/> IMMED   | <input type="checkbox"/> LOWER  | <input type="checkbox"/> IMMED  | <input type="checkbox"/> JUMP   | <input type="checkbox"/> ADD-ON |

OTHER \_\_\_\_\_

## TEETH

SHADE \_\_\_\_\_ MOLD \_\_\_\_\_

### ANTERIOURS

- ☐ DURATONE  
☐ BIOBLEND  
☐ BIOFORM  
☐ BIOTONE  
OTHER \_\_\_\_\_

### POSTERIOURS

- ☐ PORC  
☐ PLASTIC  
☐ IPN

## INSTRUCTIONS:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> BASE PLATES    | <input type="checkbox"/> LIGHT      |
| <input type="checkbox"/> WAX RIMS       | <input type="checkbox"/> DARK       |
| <input type="checkbox"/> RE-SET         | <input type="checkbox"/> DURA-SOFT  |
| <input type="checkbox"/> POST DAM       | <input type="checkbox"/> SOFT LINER |
| <input type="checkbox"/> PALATAL RELIEF | <input type="checkbox"/> CLEAR      |
| <input type="checkbox"/> RUGAE          | <input type="checkbox"/> OTHER      |
| <input type="checkbox"/> STIPPLE        |                                     |
| <input type="checkbox"/> SS CLASPS      |                                     |
| <input type="checkbox"/> GOLD CLASPS    |                                     |
| <input type="checkbox"/> OTHER          |                                     |

DATE DUE: TRY-IN

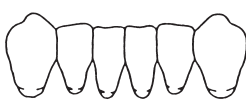
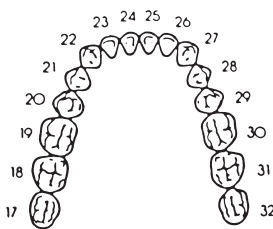
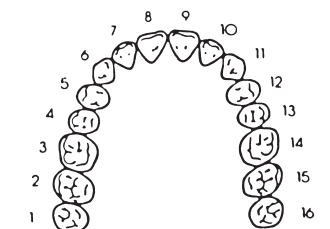
AM  
PM

FINISH

AM  
PM

## DESIGN

## ADDITIONAL INSTRUCTIONS:



Signed \_\_\_\_\_

Dentist's License Number \_\_\_\_\_ Date \_\_\_\_\_

All accounts are due within 30 days of statement date. A service charge of 2% per month or 24% annual will be added to past due accounts.

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including reasonable attorney fees.