DAS™
DENTAL ARTS STUDIO, INC.

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Rx

DOCTOR / PRACTICE

DOCTOR'S DUE DATE

M or F

PATIENT'S NAME

Crowns 1–6 units: 12 work days
Implants: 3 weeks

SHADE

CUSTOM SHADE

DR.'S SIGNATURE

LICENSE # / STATE

DATE

(Please construct & deliver to me the dental restoration described herein.)

1 · CHOOSE A TIER (check one)

☐ DAS RESERVE ☐ DAS EXACT ☐ DAS DIRECT

2 · CHOOSE A PRODUCT

CROWN & BRIDGE
- ☐ Zirconia crown
- ☐ e.Max crown
- ☐ PFM crown
  - ☐ High noble (R)
  - ☐ Non-precious
- ☐ Zirconia bridge (R) ___ units

IMPLANT
- ☐ Screw-retained crown
- ☐ Crown only (cemented)

System _____
Platform / size _____

REMOVABLE & OTHER
- ☐ Night guard
- ☐ Flex partial
- ☐ Denture
- ☐ Other _____

(R) DAS Reserve only · DAS Exact & Direct PFM: non-precious alloy only

3 · CASE DETAILS

TOOTH #(S) _____ MODEL ☐ Full arch ☐ Quad

CASE ☐ New ☐ Remake ☐ Repair SENT AS ☐ Digital scan ☐ Impression

NOTES: _____

Basic Shade: _____ **Stump Shade:** _____ **Shade Guide Used:** _____

