AMERI-DENT
DENTAL LABORATORY

13529 Prestige Place Suite 112
Tampa FL 33635
813.803.5662
info@ameri-dent.com

DESIGNED, MACHINED AND ASSEMBLED IN THE USA

DOCTOR INFORMATION

Doctor _____

Practice Name _____

Address _____

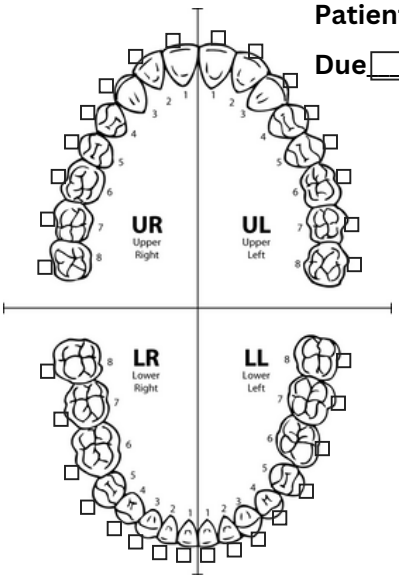
Phone Number _____

E-mail _____

CASE INSTRUCTIONS

Patient Name _____ Date Sent _____

Due _____ Patient Appointment _____



Doctor's Signature

License Number _____

Shade

☐ Custom shade
☐ Photos sent to photos@ameri-dent.com

Removable

Partial Frameworks

☐ Upper ☐ Lower
☐ WW clasp ☐ Flexi Clasp (pink or clear)

Dentures

☐ Custom Tray
☐ Set Up/ Finish
☐ Digital Denture
☐ Immediate
☐ Flipper 1-3 teeth
☐ Set Up/Try in/Re-set
☐ Base Plate/ Bite Rim
☐ Duplicate Denture
☐ Acrylic Partial
☐ Flexi Partial
☐ Ameri-Clear/Flex

Guards

☐ Nightguard - Hard/Soft/Hard-Soft
☐ Sports Guard
☐ Bleaching Tray

☐ Printed Models -Quad/Full Arch
☐ Reline Hard/Soft
☐ Repair

Implants

☐ Screw Retained Zirconia Package
☐ Custom Abutment Zirconia Package
☐ Screwmentable Zirconia Package
☐ OEM Parts

Full Arch

☐ Printed PMMA Stage 1
☐ Printed PMMA Stage 2
☐ Milled Zirconia Stage 3 Final

Surgical Planning

☐ Treatment Plan
☐ Surgical Guide
Manufacturer:
Size: **Type:**
☐ Provide Drill
☐ Provide Attachment/Abutment

☐ Case Evaluation/ Scan Eval
☐ In-Office Conversion w/ tech

Items Sent

☐ Bite ☐ Impressions
☐ Study Model ☐ Implant Parts
☐ Opposing Model ☐ Raw. STL file
☐ DICOM File

Fixed

☐ Full Contour Zirconia
☐ PFZ-Microlayered
☐ e-Max® Full Contour
☐ Veneer
☐ Design only
☐ Ameri- Temps
☐ Smile Design
☐ Digital Mock-Up

☐ ExoCad Training
☐ Data Aquisition / Webview Request
☐ RayFace Scan
☐ In Lab Custom Shade

Request Supplies/ Information

☐ Send Rx forms ☐ Send Shipping Labels
☐ Contact Doctor ☐ Send Lab Information

TERMS OF PAYMENT:
Please add or update payment information. Payment is due upon reciept. All cards on file will be charged on the 15th of the month unless special arrangements have been made. Terms & Conditions apply. Email accounting@ameri-dent.com for questions about your account

☐ Credit Card on file

Credit Card # _____ Exp _____ Security Code _____