

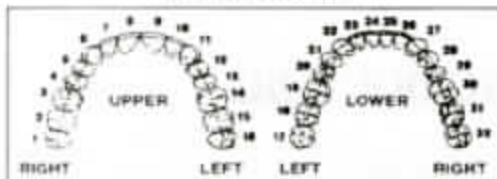
Shatkin F.I.R.S.T.[®]

2500 Kensington Ave | Amherst, NY 14226
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Todd E. Shatkin, DDS
Director of Case Planning

1(888)-4-SHATKIN www.shatkinFIRST.com
1(888)-474-2854

U.S. Patent 7,108,511



Please fill out this form completely and include all Required Records.

*Incomplete forms will delay restoration delivery.
Please use routine crown and bridge record taking techniques.
By filling out this prescription I am requesting the case planning assistance
of Todd Shatkin, DDS and his designees*

Doctor's Name _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____

Date Sent: _____ Date Due: _____

ALLOW 14 DAYS IN LAB (plus 2 days shipping each way)

Patient's Name _____

Age _____ Male Female

TYPE OF RESTORATION:

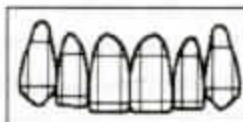
- Porcelain Fused to Metal*
- IPS Empress[®] All Porcelain
- Porcelain Fused to e.max[®]
- FIRSTEMPS[™]

* IPS Empress[®] and IPS e.max[®] are registered trademarks of Ivoclar/Vivadent

* All PFM restorations are cast with Palladium[™] TRITE[™] (high noble alloys are available upon request for an additional cost)

REQUIRED RECORDS:

- ◆ Polyvinyl or Rubber Base Impression
- ◆ Bite Registration
- ◆ X-Ray



Shade

Tooth #

TYPE OF IMPLANT:

SPECIAL INSTRUCTIONS:

- Fabricate surgical guide stent and restoration
- Fabricate surgical stent only
- Select type and length of implant
- Order and send appropriate implants and appropriate pilot drill.

OCCLUSAL PLANE:

- Flat (Recommended) Anatomical

FEE: Restoration fee includes case planning*

◆ PFM, IPS Empress [®]	# of units _____	x \$195.00	\$ _____
◆ Porcelain Fused to e.max [®]	# of units _____	x \$255.00	\$ _____
◆ Ultrathin [™] Veneers.....	# of units _____	x \$155.00	\$ _____
◆ FIRSTEMPS [™]	# of units _____	x \$55.00	\$ _____
◆ Surgical Stent.....	\$85 + _____	x \$35 (each sleeve)	\$ _____
◆ Denture, upper or lower (set-up, process & finish).....	Qty. _____	x \$335.00	\$ _____
◆ Patient Education Brochures (100/pack).....	# of packs _____	x \$40.00	\$ _____
◆ Shatkin F.I.R.S.T. Resin Cement.....	# of units _____	x \$95.00	\$ _____
◆ Shatkin F.I.R.S.T. Reline Kit.....	# of units _____	x \$145.00	\$ _____
◆ Mini Drive-Lock 2.0-2.5mm.....	Qty. _____	x \$85.00	\$ _____
◆ Milo 3mm and One Piece Milo.....	Qty. _____	x \$120.00	\$ _____

** All orders are Prepaid

- Check or money order enclosed
- M/C Visa Discover Amex Credit Card on File

USA Shipping & Handling \$ 20.00

TOTAL CHARGE ▶ \$ _____

Name: _____ CC# _____ 3 digit # _____ Exp: _____

Doctor's Signature* _____ License # _____ Date _____

*By signing, I accept terms on reverse.

PLEASE SEND: Lab Slips Prepaid Mailing Labels Information about other services **CALL DOCTOR**

White — SHATKIN COPY Yellow — LAB TRAY Pink — PACKING SLIP Goldenrod — DENTIST COPY SEE REVERSE SIDE FOR TERMS ▶