

BIN# _____

DATE RECEIVED _____

(For office use only)

DOCTOR _____ CUST.# _____ MM / DD / YY

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL (Required) _____

PATIENT _____

**Allow 15 Business Days
After Receipt**

□	□	□	□	□	□
M	M	D	D	Y	Y

REQUIRED:

- Full arch impressions
- No triple trays accepted
- Bite registration with rigid material

Digital photos strongly recommended for optimal shade results. rx@bicon.com

VITA CLASSIC SHADE

Circle one.

A1 A2 A3 A3.5 A4

B1 B2 B3 B4

C1 C2 C3 C4

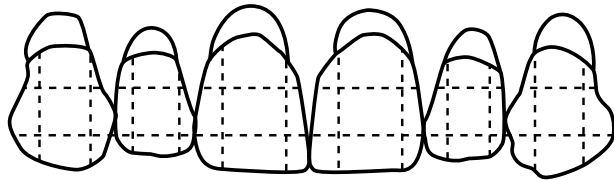
D2 D3 D4

Other _____

Stain? YES NO

INDIVIDUAL / BRIDGE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



Fixed Restoration

- Integrated Abutment Crown™
- TRINIA® Framework with Polyceramic Application
- CAD/CAM Restorations – Indicate Choice:
 - Full Contour Crown e.Max™ Zirconia Pre-Cement
 - Layered Crown e.Max™ Zirconia Pre-Cement
- PFM » Alloy: NP N HN

**IF TEMPORARY ABUTMENTS
WERE USED, INDICATE DIAMETER**

Tooth #	Diameter
_____	_____
_____	_____
_____	_____

OK to use different abutment size, if needed

TRINIA® – Full Arch Prosthesis

Select Opposing

- Natural Teeth PFM
- Overdenture/TRINIA® All Ceramic

Telescopic Coping? Yes No

Removable Overdenture

- Brevis™
- Locator®

Rx

PAYMENT: MASTERCARD VISA AMERICAN EXPRESS COD

CARD NUMBER _____ EXPIRES _____

SIGNATURE (Required) _____ LICENSE NUMBER _____

Each Rx Slip constitutes a complete and separate transaction to be invoiced and paid as such. By signing I understand and accept the warranty terms and conditions of Bicon Digital Prosthetics. See Bicon Digital Prosthetics invoice for warranty, terms, and conditions.