

Michael Acquaviva, CDT President

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RX DATE		DATE DUE IN OFFICE	
DOCTOR'S NAME		PLEASE PRINT	
DOCTOR'S ADDRESS		PHONE	
PATIENT'S NAME (First Initial / Last Name)		SEX	AGE

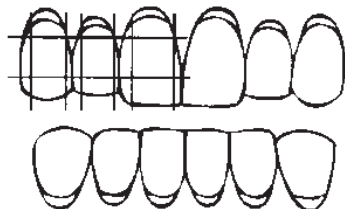
SHADING CHART

SHADE GUIDE USED:

SHADE SELECTED:

OCCLUSAL STAIN:

- None
- Light
- Medium
- Heavy



FIXED TRADITIONAL

RESTORATION

- PFM
- Full Gold Crown
- Acrylic Temps

- Frame Try-in
- Bisque
- Glaze & Finish

METAL SELECTION

- Non-Precious
- Semi-Precious
- High Noble White
- High Noble Yellow
- Captak

TEETH NUMBERS: CIRCLE PONTICS

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

PONTIC DESIGN

-  FULL RIDGE
-  PARTIAL RIDGE
-  NO RIDGE
-  SANITARY
-  BULLET

BUTT JOINT

- 180°

IF NO OCCLUSAL CLEARANCE:

- Call Doctor
- Metal Occlusion
- Reduction Coping
- Reduce Opposing

ALL CERAMIC IMPLANTS & CAD / CAM

- Custom Abutment
- TI
- ZI
- EMAX
- Procelain to Zirconia
- Stock Abutment
- Full Contour Zirconia

SURGICAL GUIDES & TMJ APPLIANCES

SURGICAL GUIDES

- Upper
- Lower
- W/Holes
- Vacuum Formed
- W/Barium Markers
- W/Guide Tubes

NIGHTGARDS

- Acqua-Therm
- Acqua-Soft
- Gelb Appliance
- Cast Mora Appliance
- Sportsguard (Indicate Color)
- Proform Hard/Soft
- Hard Processed
- NYU Appliance
- Lucia Splint
- Bleaching Trays
- Hawley Retainer

SLEEP APPLIANCES

- Lucia Snore
- Static Sleep

REMOVABLES

CASE PRESCRIBED

- Repair
- Reline
- Soft Reline
- Rebase/Jump

Upper

- Full Denture
- Acrylic Partial
- Immediate
- Valplast
- Cast Partial
- Metal/Valplast Combo
- Tooth Shaded Clasps
- Essex Appliance

Lower

- Custom Tray
- Bite Block
- Tooth Set-up
- Process & Finish

TOOTH SELECTION

- Stock
- Premium

ACRYLIC SHADE

- Light Pink
- Standard Pink
- Meharry

Mould _____



CASE INSTRUCTIONS

(OVER)

All Restorations made in USA 

- Attention _____
- Call Me
- Send Shipping Labels
- Send RX's

Signature of Dentist _____

License# _____

By signing above, I agree to pay interest on charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of 1.5% per month for any work performed pursuant to this prescription and I further agree to pay all of Acqua-Dent's reasonable attorney's fees and collection costs in the event any amount due for work performed hereunder is referred to collection.