



# A-DENT RESTORATIONS INC.

"one smile at a time"

60 Dedham Ave  
Needham, MA 02492  
(781) 559-8340  
www.a-dentrestorations.com

DENTIST INFO
DR. _____
ADDRESS _____
DATE _____

PATIENT INFO
NAME _____
AGE _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

CASE DUE
DATE _____
TIME _____

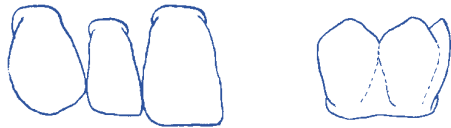
TYPE OF RESTORATION
<input type="checkbox"/> PFM <input type="checkbox"/> ALL CERAMICS <input type="checkbox"/> COMPOSITE
<input type="checkbox"/> FULL CAST    ALLOY TYPE _____

**ALL IMPRESSIONS & PATIENT RELATED PICK UPS MUST BE CLEANED & DISINFECTED PROPERLY**

## CASE/SHADE DESCRIPTION

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

Rx



Work authorization order. Construct and deliver to me the herein described dental restoration.

Dentist's Signature \_\_\_\_\_ LIC# \_\_\_\_\_

By signing this I agree to accept full responsibility of payment for the above restoration.

**EACH PRESCRIPTION MUST BE COMPLETED AND SIGNED.**