



Equipoise



P.O. Box 537, Closter, New Jersey 07624
201.385.4750 • 800.999.4950

www.equipoisedental.com email: equipoisedental@msn.com

date _____ patient _____

DR. _____

address _____

_____ phone # _____

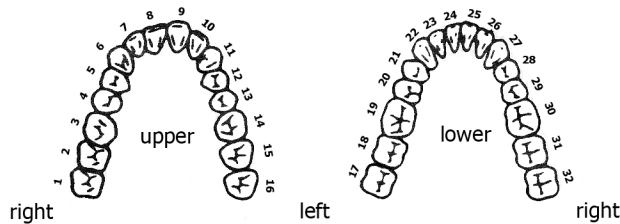
deliver on: (Please indicate date below)

Monday	Tuesday	Wednesday	Thursday	Friday

Please allow time for quality

shade _____ Male / Female Age _____

Rx



CROWN AND BRIDGE

_____ # OF UNITS

- | | |
|--|--|
| <input type="checkbox"/> CERAMIC COATING | <input type="checkbox"/> MILL-IN CROWN |
| <input type="checkbox"/> EQUIPOISE CROWN | <input type="checkbox"/> C&L CROWN |
| <input type="checkbox"/> FULL CAST CROWN | <input type="checkbox"/> CONNECTED |
| <input type="checkbox"/> TRANSFER COPING | <input type="checkbox"/> CONECT LATER |
| <input type="checkbox"/> CAPTEC CROWN | <input type="checkbox"/> CAST POST |

collar design

- | | |
|--|--|
| <input type="checkbox"/> FULL METAL COLLAR | <input type="checkbox"/> NO METAL COLLAR |
| <input type="checkbox"/> SLIGHT METAL COLLAR | <input type="checkbox"/> ROOT CONTOUR |
| <input type="checkbox"/> BUTT JOINT | |

METAL: ☐ GOLD ☐ SILVER PALIDIUM

porcelain

_____ # OF UNITS

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> BISQUE BAKE | <input type="checkbox"/> GLAZE |
|--------------------------------------|--------------------------------|

pontic design

Full Ridge Partial Ridge No Ridge Point Contact No Contact



_____ circle desired design _____

EQUIPOISE CAST PARTIALS

- | | |
|---|---|
| <input type="checkbox"/> UPPER | <input type="checkbox"/> LOWER |
| <input type="checkbox"/> TRY-IN-FRAME | <input type="checkbox"/> ALL METAL SADDLES |
| <input type="checkbox"/> FRAME AND SETUP | <input type="checkbox"/> FRAME AND BITE BLOCK |
| <input type="checkbox"/> WELD REPAIR | <input type="checkbox"/> UNILATERAL |
| <input type="checkbox"/> PRECISION ATTACHMENT | <input type="checkbox"/> NESBIT |

denture

- | | |
|---|---|
| <input type="checkbox"/> SET UP | <input type="checkbox"/> FINISH |
| <input type="checkbox"/> CUSTOM TRAY | <input type="checkbox"/> ACRYLIC REPAIR |
| <input type="checkbox"/> RELINE | NIGHT GUARD |
| <input type="checkbox"/> JUMP | <input type="checkbox"/> HARD |
| <input type="checkbox"/> SUCCESS FINISH | <input type="checkbox"/> SOFT |

enclosures

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> SHADE GUIDE | <input type="checkbox"/> STUDY MODEL |
| <input type="checkbox"/> ARTICULATOR | <input type="checkbox"/> _____ |

we need ☐ mailing labels ☐ b a g s ☐ RxPads

signature _____

license no. _____

**By signing RX form, customer agrees to be bound by terms and conditions on website. Please see website for terms and conditions. www.equipoisedental.com
Customer agrees to pay reasonable collections costs and/or attorney fees if customer's account is referred to collections.

(copies are permissible)