



Equipoise



P.O. Box 1021, Stuart, FL 34994
201.385.4750 ■ 800.999.4950

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

date _____ patient _____

DR. _____

address _____

_____ phone # _____

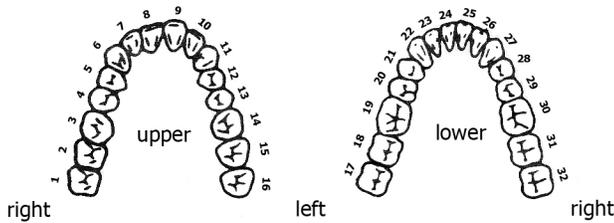
deliver on: (Please indicate date below)

Monday	Tuesday	Wednesday	Thursday	Friday

Please allow time for quality

shade _____ Male / Female Age _____

Rx



CROWN AND BRIDGE

_____ # OF UNITS

- CERAMIC COATING
- EQUIPOISE CROWN
- FULL CAST CROWN
- TRANSFER COPING
- CAPTEC CROWN
- MILL-IN CROWN
- C&L CROWN
- CONNECTED
- CONECT LATER
- CAST POST

collar design

- FULL METAL COLLAR
- SLIGHT METAL COLLAR
- BUTT JOINT
- NO METAL COLLAR
- ROOT CONTOUR

METAL: GOLD SILVER PALIDIUM

porcelain

_____ # OF UNITS

- BISQUE BAKE
- GLAZE

pontic design

Full Ridge Partial Ridge No Ridge Point Contact No Contact



_____ circle desired design _____

EQUIPOISE CAST PARTIALS

- UPPER
- TRY-IN-FRAME
- FRAME AND SETUP
- WELD REPAIR
- PRECISION ATTACHMENT
- LOWER
- ALL METAL SADDLES
- FRAME AND BITE BLOCK
- UNILATERAL
- NESBIT

denture

- SET UP
- CUSTOM TRAY
- RELINE
- JUMP
- SUCCESS FINISH
- FINISH
- ACRYLIC REPAIR
- NIGHT GUARD**
- HARD
- SOFT

we need mailing labels b a g s RxPads

signature _____

license no. _____

enclosures

- SHADE GUIDE
- ARTICULATOR
- STUDY MODEL
- _____

**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)