

Shatkin F.I.R.S.T.[®]

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Todd E. Shatkin, DDS

Director of Case Planning

www.shatkinFIRST.com

1(888)-4-SHATKIN (1(888) 474-2854)

U.S Patent 7,1085,11

• PLEASE FILL OUT THIS FORM COMPLETELY & INCLUDE ALL REQUIRED RECORDS •
Incomplete forms will delay restoration delivery.
Please use routine crown and bridge record taking techniques.
By filling out this prescription I am requesting the case planning assistance of
Todd Shatkin, DDS and his designees.

Doctor's Name _____

Shipping Address _____

City _____

Phone _____

Date Sent: _____ **DUE DATE REQUESTED:** _____

(1 day prior to patient's appointment)

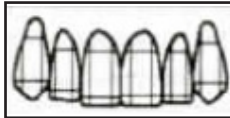
ALLOW 10 BUSINESS DAYS IN LAB (PLUS 2 DAYS SHIPPING EACH WAY)

PATIENT'S NAME: _____

Age: _____ Male Female

REQUIRED RECORDS:

- Polyvinyl or Rubber Base Impression
- Bite Registration
- X-Ray or CT Scan (DICOM Files)
- SENT XRAYS via <http://upload.shatkinfirst.com>



Shade	Tooth #

SPECIAL INSTRUCTIONS:

- Fabricate surgical guide stent and restoration
- Fabricate surgical stent only CT Stent Standard Stent
- Select type and length of implant
- Order and send appropriate implants and appropriate pilot drill

FEE: Restoration fee includes case planning

• Porcelain Fused Zirconia or e.max [®]	# of units _____	x \$235.00	\$ _____
• Ultrathin [™] Veneers.....	# of units _____	x \$165.00	\$ _____
• FIRSTEMPS [™]	# of units _____	x \$65.00	\$ _____
NEW FIX ON SIX [™] Resin Bridge (includes bite rims, restoration & housings)	Qty. _____	x \$1,195.00	\$ _____
NEW FIX ON SIX [®] Zirconia (includes bite rims, restoration & housings).....	Qty. _____	x \$2,550.00	\$ _____
• Standard Surgical Guide Stent.....	\$85+ _____	x \$39.00 (each sleeve)	\$ _____
NEW 3D CBCT Surgical Guide Stent(CBCT x-ray in DICOM format required) ..	\$285+ _____	x \$39.00 (each sleeve)	\$ _____
• Denture, upper or lower (set-up, process & finish).....	Qty. _____	x \$385.00	\$ _____
• Denture Hybrid with Metal Framework	Qty. _____	x \$995.00	\$ _____
• Shatkin F.I.R.S.T. [®] Resin Cement.....	Qty. _____	x \$109.00	\$ _____
• Shatkin F.I.R.S.T. [®] Reline Kit.....	# of units _____	x \$179.00	\$ _____
• MDL Implant 2.0mm or 2.5mm.....	Qty. _____	x \$99.00	\$ _____
NEW MDL 15° Angled Implant.....	Qty. _____	x \$130.00	\$ _____
NEW MILO 3.0mm.....	Qty. _____	x \$130.00	\$ _____
• Shatkin F.I.R.S.T. [®] One Piece (Abutment head) Implant 2.5/3.0mm...	Qty. _____	x \$140.00	\$ _____
• Appropriate 1.2mm Pilot Drill (Silver).....	Qty. _____	x \$28.00	\$ _____
• Appropriate 1.5mm Pilot Drill (Gold).....	Qty. _____	x \$42.00	\$ _____
NEW Appropriate 2.0mm Pilot Drill (Blue).....	Qty. _____	x \$63.00	\$ _____
NEW h2o flosser.....	<input type="checkbox"/> 1 for \$59.50 or <input type="checkbox"/> 10 for \$495.00		\$ _____
NEW F.I.R.S.T. Care Kit (1 h2o Flosser, 1 Maintain [™] Kit).....	Qty. _____	x \$80.00	\$ _____

**All orders are Prepaid

Roundtrip USA Shipping/Processing Fee ► \$ **25.00**
TOTAL CHARGE \$ _____

- Check or money order enclosed
- M/C Visa Discover Amex Credit Card on File

Name: _____ CC # _____ CVV # _____ Exp. _____

Doctor's Signature* _____ License # _____ Date _____

* by signing, I accept terms on reverse.

DOCTOR REQUESTS PHONE CALL

Prices Effective 9/2018

White - SHATKIN COPY Yellow - LAB TRAY Pink - PACKING SLIP Goldenrod - DENTIST COPY SEE REVERSE SIDE FOR TERMS ►