

Shatkin F.I.R.S.T.[®]

2495 Kensington Ave. • Amherst, NY 14226
p. (716) 839-2959

Todd E. Shatkin, DDS
Director of Case Planning

www.shatkinFIRST.com
1(888)-4-SHATKIN 1(888) 474-2854

U.S Patent 7,108,511

• 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 _____

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

(2 day prior to patient's appointment)

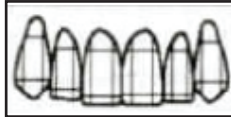
ALLOW 10 BUSINESS DAYS IN LAB (PLUS 2 DAYS SHIPPING EACH WAY)

PATIENT'S NAME: _____

Age: _____ Male Female

REQUIRED RECORDS:

- Polyvinyl or Rubber Base Impression
- Bite Registration
- X-Ray or CT Scan (DICOM Files)
- CT Online Portal shatkinfirst.rxupload.com



Shade _____

Tooth # _____
(Splinted or Separate)

SPECIAL INSTRUCTIONS: *Please check all that apply*

- Fabricate surgical guide stent ONLY 3D 2D
- Fabricate surgical guide stent & Restoration
- Include appropriate implants & pilot drills Implants only Pilot drills only
- Case evaluation only: \$75 (FREE if ordering implants)

PLEASE SELECT TYPE OF RESTORATION BELOW

• Porcelain Fused Zirconia (PFZ) or Full Contour (FCZ).....	# of units _____	x \$239.....	\$ _____
• PFZ Roundhouse - Cemented to implants (12 unit bridge).....	Per arch _____	x \$2,895.....	\$ _____
• Ultrathin™ Veneers.....	# of units _____	x \$165.....	\$ _____
• FIRSTEMPS™.....	# of units _____	x \$65.....	\$ _____
• Temporary Roundhouse (Full Arch).....	Per arch _____	x \$980.....	\$ _____
• Fix on Six™ Resin Bridge (includes bite rims, restoration & housings).....	Per arch _____	x \$1,295.....	\$ _____
• FIX ON SIX® Zirconia (includes bite rims, restoration & housings).....	Per arch _____	x \$2,895.....	\$ _____
• NEW Shatkin F.I.R.S.T.® Zantex Allure® Roundhouse.....	Per arch _____	x \$3,795.....	\$ _____
• Shatkin F.I.R.S.T.® Zantex Roundhouse Emax.....	Per arch _____	x \$3,295.....	\$ _____
• Shatkin F.I.R.S.T.® Zantex Roundhouse Resin.....	Per arch _____	x \$2,595.....	\$ _____
• 2D Standard Surgical Guide Stent.....	\$95+ _____	x \$44(each sleeve).....	\$ _____
• 3D CBCT Surgical Guide Stent (CBCT x-ray in DICOM format required).....	\$295+ _____	x \$44(each sleeve).....	\$ _____
• Bite Rim.....	Per arch _____	x \$49(per arch).....	\$ _____
• Denture, upper or lower (set-up, process & finish).....	Per arch _____	x \$395.....	\$ _____
• Denture Hybrid with Metal Framework.....	Per arch _____	x \$999.....	\$ _____
• Shatkin F.I.R.S.T.® Resin Cement.....	Qty. _____	x \$149.....	\$ _____
• Shatkin F.I.R.S.T.® Reline Kit.....	Qty. _____	x \$219.....	\$ _____
• MDL Implant 2.0mm or 2.5mm.....	Qty. _____	x \$109.....	\$ _____
• MILO 3.0mm - 3.7mm (circle your choice).....	Qty. _____	x \$159.....	\$ _____
• MONO 3.0mm - 3.3mm - 3.7mm - 4.2mm - 5.0mm (circle your choice).....	Qty. _____	x \$169.....	\$ _____
• SF One Piece Straight Abutment MDLDP 2.5mm x 13x15x18mm.....	Qty. _____	x \$149.....	\$ _____
• TRU-LOK Abutments (Standard or Short).....	<input type="checkbox"/> Single \$49 <input type="checkbox"/> 4 Pack \$179 <input type="checkbox"/> 10 Pack \$399.....		\$ _____
• O-Cap Housing (circle: Standard / Strong / Extra Strong).....	<input type="checkbox"/> 4 Pack \$140 <input type="checkbox"/> 10 Pack \$295		\$ _____
• Appropriate 1.2mm Pilot Drill.....	Qty. _____	x \$34.....	\$ _____
• Appropriate 1.5mm Pilot Drill.....	Qty. _____	x \$49.....	\$ _____
• Appropriate 2.0mm Pilot Drill.....	Qty. _____	x \$69.....	\$ _____
• Appropriate 2.5mm Pilot Drill.....	Qty. _____	x \$74.....	\$ _____

Roundtrip USA Shipping/Processing FEE..... \$ **25.00**

TOTAL CHARGE..... \$ _____

(Please call if you need to update credit card information)

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 1/2023

White - SHATKIN COPY Yellow - LAB TRAY Pink - PACKING SLIP Goldenrod - DENTIST COPY

SEE REVERSE SIDE FOR TERMS ►

RESPONSIBILITY OF TREATING DOCTOR:

The treating doctor is responsible for management of any oral health conditions, before, during and after use of their restorative procedures, including but not limited to caries, periodontal disease, TMD, restorative needs, etc.

Any recommendations given to the doctor by Todd Shatkin, DDS or his designees should not be construed as treatment planning, and the treating dentist remains solely responsible for all treatment planning and procedures he/she may perform on his/her patients.

Treating doctor acknowledges that he/she has informed his/her patient of the fact the treating doctor utilizes Shatkin F.I.R.S.T.® LLC, Todd Shatkin, DDS or his designees for case planning assistance and recommendations, and his/her patients have accepted this service.

By submitting your case to us, you admit you have had special training on placing the mini dental implant, and that you are fully aware of the appropriate surgical and prosthetic protocol involved with these procedures.

Todd Shatkin, DDS reserves the right to refuse any case for any reason including, but not limited to, insufficient bone quality or quantity as may be determined from the radiographs provided by the treating dentist.