

Doctor's Name _____

Shipping Address _____

City _____

Phone _____

Date Sent: _____ DUE DATE REQUESTED: _____

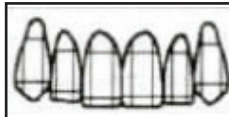
(2 day prior to patient's appointment)

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

☐ Fabricated surgical guide stent ONLY ☐ 2D ☐ 3D ☐ NEW 3D Printed Stent (pilot drill only)

☐ Fabricated 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 restoration & housings).....	Per arch	x \$1,295.....	\$
• FIX ON SIX® Zirconia (includes 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; 3D Printed 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 \$79.....	\$
• MILO 3.0mm - 3.7mm (circle your choice).....	Qty.	x \$129.....	\$
• MONO 3.0mm - 3.3mm - 3.7mm - 4.2mm - 5.0mm (circle your choice).....	Qty.	x \$149.....	\$
• MDL & Milo Implant Straight Abutment - MDL SAZ.....	Qty.	x \$57.....	\$
• MDL & Milo 15 Degree Angled Abutment - MDL AA15Z.....	Qty.	x \$64.....	\$
• 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.....			

☐ DOCTOR REQUESTS PHONE CALL

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.

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

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.