

Date _____

Dr. _____

Address _____

Patient's Name _____

Patient's Age _____ Male Female

Appointment Date _____ Time _____

Lab Use Only			

Check for Needed Supplies

- Labels Rx Book Mailing Boxes

Porcelain Fused To Metal

Shade _____ Enclosed _____

- Semiprecious Metal - NF
 Semiprecious Metal - 71
 Nonprecious Metal
 Precious Metal
 MDL Metal Collar
 Metal Collar
 No Metal Collar
 Porcelain Butt Joint
 Porcelain Occlusal
 Metal Occlusal

All Porcelain

E-Max®

- Layered Zirconia Layered
 Full Zirconia Pressed
 Multi-Shaded Zirconia
 Desired Shade _____
 Stump Shade _____ Send Bonding Kit

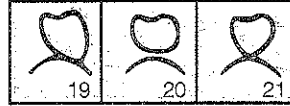
Full Cast Restorations

- Arg 77 Arg 58
 Non Precious Silver Palladium

Low Gold

- Arg 46 Arg 20 Y Plus

Pontic Design



Special Instructions/Diagrams:



Tooth No. _____

Dr. Signature _____

License No. _____