

Dr.'s Name _____ Phone # _____

Address _____

Patient Name _____ Age _____ Male Female

Due Date _____ Rush Service (please call to schedule)

PORECLAIN FUSED TO METAL

PFM

FULL CAST RESTORATIONS

Full Case Inlay/Onlay

METAL CHOICE

High Noble Noble

ALL CERAMIC CROWNS

IPS e.max FCZ Cercon HT (posterior)

PFZ (custom shade) Katana UTML (anterior)

IMPLANTS

Screw-Retained Crown

Hybrid Abutment

Genuine Abutment

NEED SUPPLIES?

UPS Shipping Labels

Boxes Rx Forms

Other _____

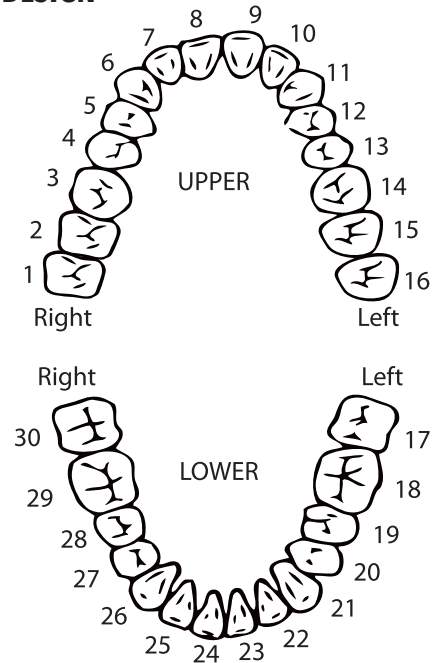
INCLUDED WITH CASE

Impression Bite Models

Photos: via email via text hard copy

Other _____

DESIGN



Signature _____

License # _____ Date _____

In Accordance with Dental Practice Act Sec. 12-35-130
WORK AUTHORIZATION MUST BE RETAINED BY DENTIST'S LAB FOR 2 YEARS

SHADING DETAILS

Shade _____ Guide Used _____

Custom Vita Classic Chromascop

Stump Shade ND 1 2 3 4 5 6 7 8 9

Patient Phone # _____

LAB USE ONLY:

Page _____ Metal/Pellet/Block

Type/Shade _____

DWT _____ CAD Wax