

(PLEASE PRINT)

Dr. _____
Address _____
Patient _____ Age _____ M / F

LAB USE ONLY	
Inv. #	Total

CROWN & BRIDGE

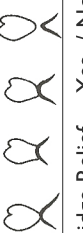
Due Date _____
(CIRCLE UNITS)

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Porcelain
Units _____
☐ YZ or LAVA (LAYERED)
☐ Full Contour Zirconia
☐ e.max
☐ Veneer (LAYERED /PRESSED))
☐ Porc. Occlusal
☐ ½ Metal Occlusal
☐ Metal Occlusal
☐ Porc. Shoulder
☐ Buccal Metal Collar

Porcelain Alloys
High Noble
☐ Gold Yellow 80%
☐ Gold White 68%
☐ Gold White 40%
☐ 24 ct. Bio-Gold
Noble
☐ Noble Pd. 77%
☐ Noble Pd. 25%
.....
☐ Nonprecious

Full Cast
Units _____
☐ Gold Type I-II 77%
☐ Gold Type III 40% or 63%
☐ Gold Type IV 42%
☐ Silver Pd. 71%
☐ NP Gold Color

Characterization  Pontic Design 
Shade _____ Ridge Relief – Yes / No

PARTIAL & DENTURE

Due Date /Time _____ ☐ Try In ☐ Finish

Anterior SHADE _____ MOULD _____

Posterior SHADE _____ MOULD _____

Instructions

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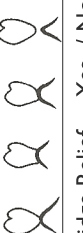
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