



3911 7th Ave. / P.O. Box 1030 / Kearney, NE 68848 PH 308/234-4393 800/497-4393
 FX 308/234-5238

(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
 - 1/2 Metal Occlusal
 - Metal Occlusal
 - Porc. Shoulder
 - Buccal Metal Collar

Shade _____

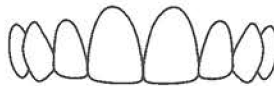
Porcelain Alloys

- 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



Ridge Relief – Yes / No

PARTIAL & DENTURE

Due Date / Time _____ Try In Finish

Anterior

SHADE	MOULD

Posterior

SHADE	MOULD

Instructions

Dr. Signature _____ Lic. No. _____

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