



2324 N Batavia St
Suite 116
Orange, CA 92865
Tel: (714) 602-6914

Dr. Name _____ Phone _____

Dr. Address _____

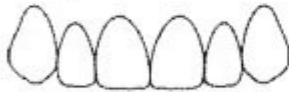
Patient's Name _____ Sex ____ Age ____

Due Date (Delivery by 5pm) _____ Today's Date _____

Rx

INSTRUCTIONS

Shape _____



OCCLUSAL STAINING

None Light Medium Dark

METAL DESIGN



PONTIC DESIGN



INSTRUCTION FOR MARGIN

Metal-Porcelain Junction Margin
 Porcelain Butt Margin
 Metal Hairline _____ mm

ENCLOSED WITH CASE

Impression Model Bite
 Articulator Crown Other

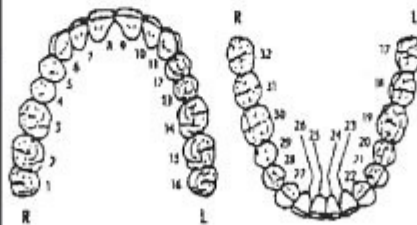
Call Doctor Regarding Case

Please Send More Lab Slips

Signature.....

License #.....

INDICATE CORE SHADE BESIDE TOOTH NUMBER BELOW



IF NO OCCLUSAL CLEARANCE

Call Doctor

Spot opposing

Metal occlusion

Would you like this to be a permanent note in your master file?

Yes No

PORCELAIN TO METAL

Non-Precious
 Noble Semi-Precious
 White High Noble
 Yellow High Noble

ZIRCONIA

Full Zirconia
 PFZ
 Lava
 Procera

ALL CERAMIC IPS e.max*

Full Crown
 Inlay / Onlay
 Veneer

METAL

Full Metal Crown
 Full Gold Crown
 Post

IMPLANT

Cemented Implant
 Screw Retained