



Doctor _____ Phone _____

Address _____

City _____ State _____ Zip _____

Date _____ Lab Case Number _____

Patient Name _____ Phone _____ Age _____ Sex _____

Time Wanted _____ Try In _____ Finish _____

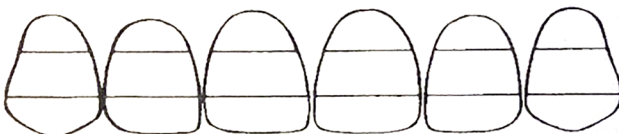
Metal

- Full Cov
- Yellow Gold
- Semi Precious
- Non Precious

All Ceramic

- Zirconia
- Emax
- Empress

CHARACTERIZED STAINING



Shade _____ Guide Unclosed

DESIRED DESIGN

- Full Ridge 
- Partial Ridge 
- No Ridge 
- Point Contact 
- No Contact 

TYPE AND DESCRIPTION OF CASE (PLEASE GIVE COMPLETE INSTRUCTIONS)

Dentist's Signature _____ DDS

TX Reg. #01448 License No. _____

Reference No. _____