

Lab _____
 Lab Address _____
 Lab Phone # _____ Lab E-mail _____
 Patient/ ID# _____ M F

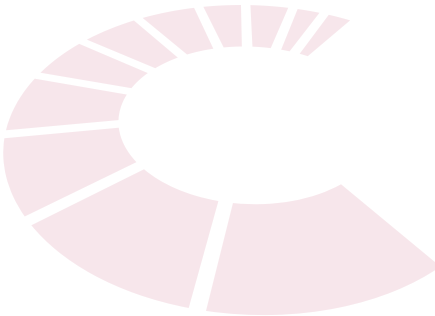
SPECIFIC INSTRUCTIONS

Finish Date _____ Time _____

R_x
TOOTH
NUMBER

Pictures

- E-mailed Dropbox
 Request Digital Preview



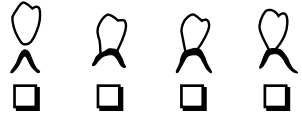
SHADE INSTRUCTIONS

SHADE NO. _____



Stump Shade _____

PONTICS






OCCUSAL STAINING

- NONE
 LIGHT
 MEDIUM
 DARK

INSTRUCTION FOR BUCCAL MARGIN

- Metal Collar
 Metal Porcelain Junction Margin
 Porcelain Butt Margin

-  Metal Coping With Porcelain Coverage
  Metal Occlusal Excluding Buccal Cusp
  Metal Occlusal Including Buccal Cusp

ENCLOSED WITH CASE

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Imp | <input type="checkbox"/> FCZ Crown | <input type="checkbox"/> Wax Coping Substructure |
| <input type="checkbox"/> Bite | <input type="checkbox"/> FCZ Anterior | <input type="checkbox"/> PMMA/Temps |
| <input type="checkbox"/> Models | <input type="checkbox"/> Zirconia Coping Substructure | <input type="checkbox"/> FCZ with Access Hole |
| <input type="checkbox"/> Pictures | <input type="checkbox"/> BruxZir® FCZ | <input type="checkbox"/> FCZ Coping/Substructure with Access Hole |
| <input type="checkbox"/> Other: | <input type="checkbox"/> BruxZir® Anterior | |
| | <input type="checkbox"/> Wax Full-Contour | |

Signature: _____

D.D.S. License #: _____

- Electronic Invoice Electronic Statement