



*Creating Art in Dentition...*

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*A Premier Laboratory to handle  
All your technical and digital needs*

Dr \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Type of Restoration \_\_\_\_\_

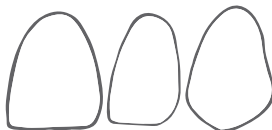
Tooth# \_\_\_\_\_ Due Date \_\_\_\_\_ Finish

Male  Female  Age \_\_\_\_\_



- E - MAX
- YZ ZIRCONIA
- ATLANTIS ABUTMENT
- PRESSABLE CERAMIC

SHADE \_\_\_\_\_



**ALLOY**

- PRECIOUS
- SEMI PRECIOUS
- NON PRECIOUS

**OCCUSION**

- METAL
- PORCELAIN
- COMBINATION

**MARGIN**

- METAL COLLAR
- PORCELAIN TO METAL
- PORCELAIN BUTT



\_\_\_\_\_  
DOCTOR'S SIGNATURE