

A Professional Dental Laboratory

DOCTOR'S NAME: _____

ADDRESS: _____

TELEPHONE: () _____

PATIENT'S NAME		DUE DATE		AUTHORIZ. NO.	
AGE	SEX	IN LAB	OUT LAB	DOCTOR'S SIGNATURE	

PORCELAIN

FULL CAST CROWNS

PRESSABLE PORCELAIN ☐

WHITE GOLD ☐

YELLOW GOLD ☐

PORC. MARGIN ☐

ZIRCONIA ☐

SHADE _____
 YELLOW GOLD ☐
 P.D. SILVER ☐
 PLEASE CALL ☐
 3 DAY RUSH ☐

IND. COMPOSITE ☐
PORC. OCC. ☐
METAL OCC. ☐
METAL MARGINS ☐
DR. TRIM ☐

R< DESCRIPTIONS OR SPECIAL INSTRUCTIONS

[illegible]