

DATE: _____

DOCTOR: _____

PATIENT: MR. _____ AGE _____





MS. _____ TRY-IN _____
DELIVERY DATE (BY 5:00 PM): FINISH _____

R_X

SHADE: _____ TOOTH No.: _____

STUMP SHADE: _____

BUCCAL MARGIN DESIGN

- PORCELAIN BUTT MARGIN (90° SHOULDER REQ.)
- METAL-PORCELAIN JUNCTION MARGIN
- METAL HAIRLINE OR _____ MM ON BUCCAL
-  NO EXPOSED METAL
-  METAL COPING WITH PORCELAIN COVERAGE
-  METAL OCCLUSAL EXCLUDING BUCCAL CUSP
-  METAL OCCLUSAL INCLUDING BUCCAL CUSP

ANTERIOR DESIGN

-  3/4 METAL LINGUAL
-  1/4 METAL LINGUAL

OCCLUSAL STAINING

- NONE LIGHT MEDIUM DARK

PONTIC DESIGN



ENCLOSED WITH CASE

- IMP MODELS BITE
- OTHER: _____

DENTIST'S SIGNATURE: _____ LIC. NO. _____

FROM DATE OF STATEMENT - 2% SERVICE CHARGE ON AMOUNTS OVER 20 DAYS

DATE: _____

DOCTOR: _____

PATIENT: MR. _____ AGE _____





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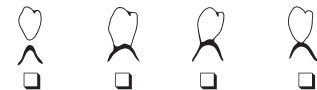
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