



# DENTAL LABORATORY INC.

YOUR PARTNERS IN PRECISION™

Date \_\_\_\_\_ Date Requested \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

### To Be Delivered as

Metal Frame Try In  Bisque Bake  Completed

### Type of Restoration

All Ceramic  Ceramic Alloy (Semi-precious)  High

### Type of Margin

Porcelain to Metal  Butt Joint  Metal Band

### Insufficient Room?

Please call  Reduce/mark on opposing  
 Metal occlusal/lingual  Reduction coping

Shade \_\_\_\_\_

Implant System \_\_\_\_\_

Parts Sent by Doctor \_\_\_\_\_

Parts Ordered \_\_\_\_\_

### Instructions

Dr. Signature \_\_\_\_\_

*Thank You!*

