



Doctor _____ Date Sent _____

Address _____ Date Req'd _____

Patient _____ Male Female Appt. Date _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

To Be Delivered as

- Metal Frame Try In Bisque Bake Completed

Type of Restoration

- All Ceramic Ceramic Alloy (Semi-precious) High
 Cad/Cam Full Zirconia Titanium Other

Type of Margin

- Feathered Butt Metal

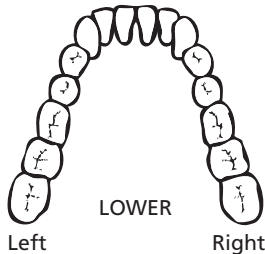
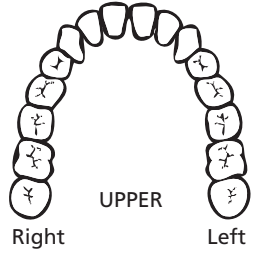
Implant System _____

Parts Sent by Doctor _____

Parts Ordered _____

Impression Disinfected	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

Instructions:



SHADE

TEXTURED SMOOTH

LAB USE ONLY	
SCHEDULED	
PAN #	
DATE REC'D.	
ALLOY	WEIGHT
FIT UNDER PARTIAL	SURVEY & DESIGN
SEND NOTE	

Dr. Signature _____