

WAX:

MET:

PORC:



302.478.5608
 1403 Foulk Road Suite 107
 Wilmington, Delaware 19803

LAB USE ONLY

Dr.: _____

Address: _____

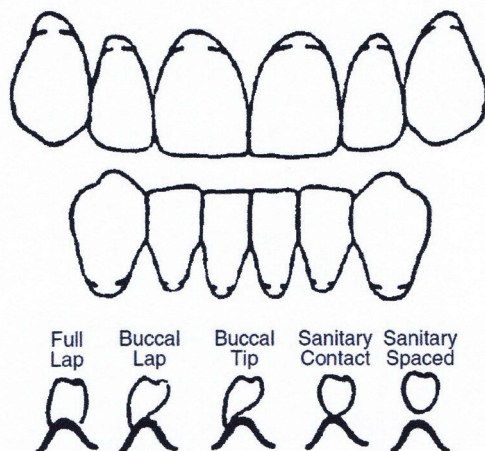
Patient: _____

Due Date: _____

Tooth#: _____

Final Shade: _____

Custom Shade: _____



PORCELAIN FUSED TO METAL

Vita® or Noritake® Porcelain to Metal*

- Alloy Noble
- High Noble

VALUE CROWNS UNIT PRICED

- Ceramco® to Noble
- Ceramco® to Non Precious

Options:

- Metal Tray In
- Finish
- Bisque Bake

Porcelain Butt Shoulder:

Teeth#: _____

Buccal Collar Size:

- Metal Occusal

METAL FREE (Non-Metallic)

Stump Shade Required: _____

Zirconia

- Layered
- Full Contour BruxZir®

Emax®

- Non-Layered
- Layered
- Pressed Veneer

Additional Services

- Radica® Provisionals
- Diagnostic Wax Up: Tooth# _____
- Night Guard

* Alloy Charged By Weight

ALL METAL

Full Cast Crown*

- High Noble
- Noble
- Post & Core*

IMPLANT RESTORATIONS

Type: _____ Size: _____

- Custom Abutment*
- Ceramic Abutment
- Encode
- Screw Retained
- Atlantis Abutment
- Gold Nitrate Coating

SPECIAL INSTRUCTIONS

DENTIST'S SIGNATURE:

X _____ DATE: _____ LICENSE# _____