

DOCTOR: \_\_\_\_\_  
 CLINIC: \_\_\_\_\_  
 PATIENT NAME: \_\_\_\_\_  
 SHADE/MOULD: \_\_\_\_\_ STUMP SHADE: \_\_\_\_\_

DATE SENT: \_\_\_\_\_  
 DATE DUE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 DATE RECEIVED: \_\_\_\_\_ Lab use only  
 PAN NUMBER: \_\_\_\_\_ Lab use only

**FIXED**

TYPE OF METAL

- High Gold
- 50% Gold
- Low Gold
- Non Prec

OCCCLUSION

- Metal
- Porcelain
- Half & Half

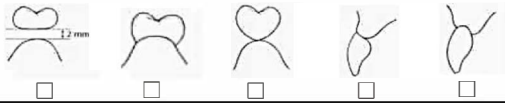
LABIAL MARGIN

- Fine Metal Collar
- Heavy Metal Collar
- Porcelain to Margin
- Butt Margin

CROWN FULL GOLD PFM

- Inlay/Onlay
- Full Contour Zirconia
- Layered Zirconia
- E-Max

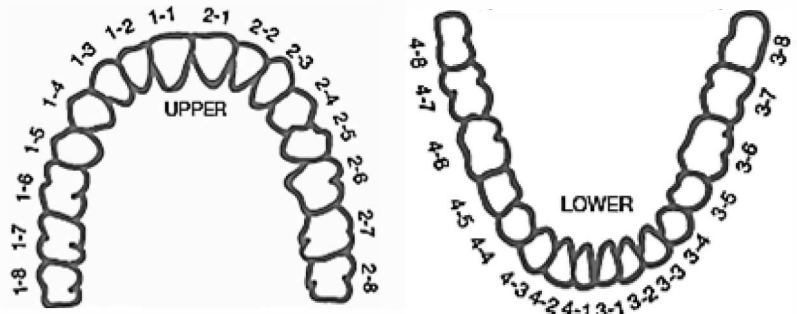
PONTIC DESIGN



**SPECIAL INSTRUCTIONS:**

**REMOVABLE**

- Valplast
  - Mandibular
  - Maxillary
- Splint/Nightguard
  - Mandibular
  - Maxillary
    - Hard
    - Soft
- Cast partial
  - Mandibular
  - Maxillary
- Acrylic Partial
  - Mandibular
  - Maxillary
- Complete Dentures
  - Mandibular
  - Maxillary
- Immediate Dentures
  - Mandibular
  - Maxillary



**PROCEDURE**

- Bite Block
- Custom Tray
- Framework Try-In
- Setup Try-In
- Process & Finish
- Reline
- Soft Reline
- Repair

**PLEASE SEND SUPPLIES:**

- RX SHEETS
- PLASTIC BAGS
- OTHER

**SOCIAL SERVICES**

ADSC NUMBER \_\_\_\_\_