

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

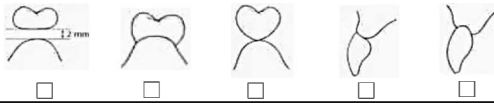
LABIAL MARGIN

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

CROWN FULL GOLD PFM

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

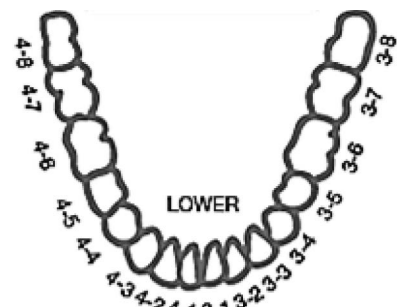
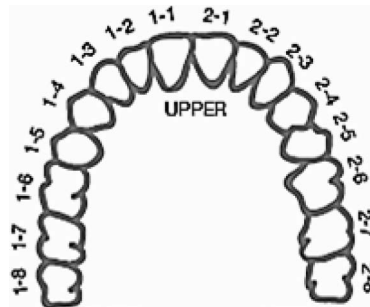
PONTIC DESIGN



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 _____