



Invoice _____
 Alloy _____
 Opaque _____
 Ingot/Body _____

RETURN DATE	ACTUAL APPOINTMENT

Cases will be returned by 5pm on this date. Please do not schedule the patient's appointment on the return date.

Patient: _____ Basic Shade _____

Sex _____ Age _____ Tooth #(s) _____ Stump Shade _____

Any remarkable brightness, chroma, value or characterization

PFM/BRIDGE

- White HN
- Yellow HN
- Noble
- Non-Precious

FULL CAST

- Yellow HN
- White Noble
- Yellow Noble

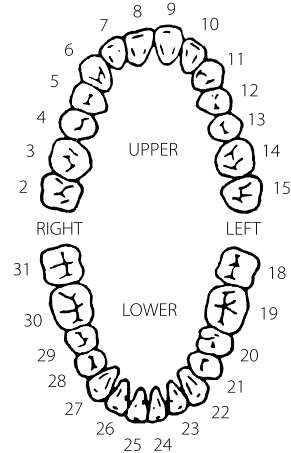
ALL CERAMIC

- Emax Pressed
- Cercon Zirconia
- Crystal Zirconia

DESIGN

- Lingual Collar
- Full Metal Band
- Post
- Metal Lingual Metal Occlusal
- w/ Buccal Cusp
- w/o Buccal Cusp
- Porcelain Margin

SPECIAL INSTRUCTIONS



Doctor _____ Date _____

Address _____ PH: _____

We Need Boxes _____, Bio-Bags _____, or Rx _____

Please send pre-op models for anterior work.