

# 32 Digital Dental Lab

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For Lab Use

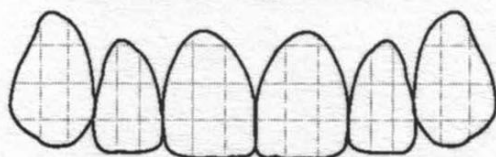
Doctor \_\_\_\_\_ Tel \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Date Sent \_\_\_\_\_ Due Date \_\_\_\_\_  Metal Try-In  Bisque Try-In  Finish

Type of Alloys \_\_\_\_\_

### Shade Instructions



Shade \_\_\_\_\_ Stump \_\_\_\_\_

### Occlusal Staining

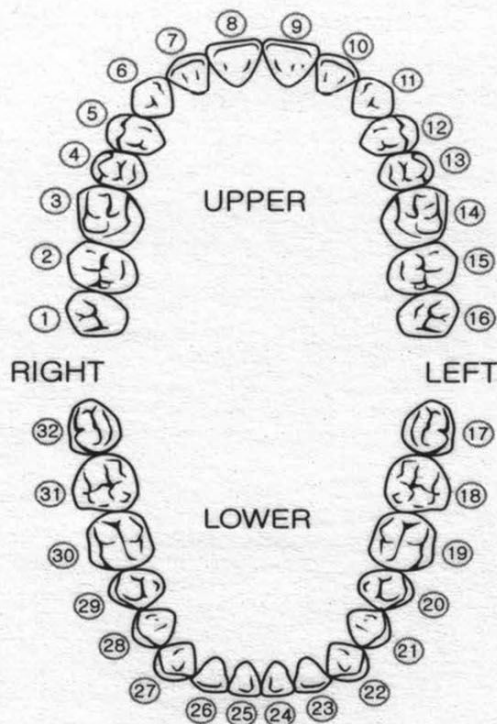
- None
- Light
- Medium
- Dark

### Porcelain Butt Margin

- Yes
- No

Pontic Design				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Rx INSTRUCTIONS



Dr. Signature \_\_\_\_\_ D.D.S. License \_\_\_\_\_

Terms : Net 15 Days / 2% Service Charge Over Due Date.  
 COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER.