

DOCTOR: _____ PLEASE PRINT
 PATIENT: _____ PLEASE PRINT

CITY, ST: _____ M F AGE: _____

DATE DUE ON (BY 5:00 P.M.): _____ DATE PREPARED: _____
PLEASE ALLOW 8 WORKING DAYS IN LAB

DATE RECEIVED IN LAB: _____

METAL DESIGN



DEFAULT

- PORCELAIN BUTT MARGIN
- METAL TRY-IN

RESTORATION

- PFM (DEFAULT)
- FULL CAST CROWN
- CAPTEK
- DIAMONDCROWN (POLY CERAMIC)
- EMPRESS VENEERS
- ZIRCONIA CROWN
- FULL ZIRCONIA
- EMPRESS E.MAX

SHADE _____

SEND PICTURES FOR ALL WORK INVOLVING CUSTOM SHADE

STUMPF SHADE _____

REQUIRED FOR ALL WORK INVOLVING EMPRESS E.MAX, DIAMONDCROWN, PORCELAIN LAMINATE VENEERS



METAL TYPE

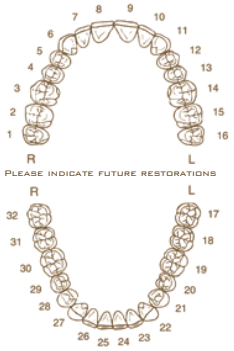
- BASE ALLOY (DEFAULT)
- YELLOW GOLD (N) FGC ONLY
- SEMI-PRECIOUS (N)
- WHITE GOLD (HN)
- YELLOW GOLD (HN)
- YELLOW GOLD (HN)

PLEASE CHECK ALL ITEMS

ENCLOSED:

- IMPRESSION
- OPPOSING MODEL
- STUDY MODEL
- BITE REGISTRATION
- PARTIAL
- ATTACHMENT
- ANALOG/ABUTMENT
- IMPLANT TOOL
- ARTICULATOR
- SHADE TAB
- PICTURE
- OLD CROWN

A D D I T I O N A L I N S T R U C T I O N S



PLEASE INDICATE FUTURE RESTORATIONS

MASTER'S TOUCH

SIGNATURE _____ LICENSE NO. _____

PLEASE SEND A STUDY MODEL FOR ALL WORK INVOLVING ANTERIOR TEETH

TOP - LAB COPY

BOTTOM - DOCTOR COPY
 SOLAMUOFBEVERLYHILLS@GMAIL.COM • (800) 550-3640

REV. 09/11