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For digital cases send STL files (E): pmkjbdentallab@gmail.com
For Itero users add our lab using Itero Lab Id 471960

DOCTOR'S NAME _____ CITY _____

PATIENT'S NAME _____

DATE PREPARED _____ DATE DUE BACK _____

CERAMIC PRECIOUS HIGH NOBLE (YELLOW)	☐ EA.	FULL GOLD CROWN	☐ EA.
SEMI-PRECIOUS HIGH NOBLE (WHITE)	☐ EA.	POST & CORE	☐ EA.
SEMI-PRECIOUS NOBLE	☐ EA.	3/4 CROWN, INLAY	☐ EA.
CERAMIC NON-PRECIOUS	☐ EA.	ALL METAL UNIT	☐ EA.
ZIRCONIA	☐ EA.	VALPLAST (FLEX, PARTIAL)	☐ EA.
CAPTEK (Au 99% 97.7%)	☐ EA.	FULL DENTURE	☐ EA.
		PARTIAL DENTURE	☐ EA.

DESIGN

☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

☐ PORCELAIN MARGINS

☐ METAL MARGIN
HAIRLINE OR _____ mm

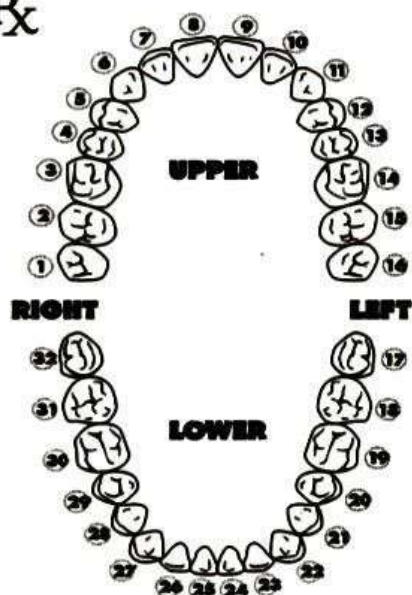
☐ METAL PORCELAIN
JUNCTION MARGIN

SHADE

TIME TRY-IN _____

Rx

Additional Instructions



Doctor's Signature

License Number