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For digital cases send STL files (E): pmnewtondigital@gmail.com
 For itero users add our lab using itero Lab Id 305771

FROM

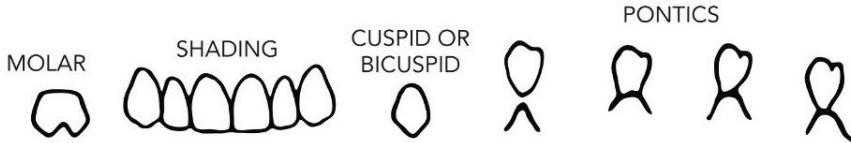
Dr.: _____ DATE: _____

ADDRESS: _____

ZIP: _____ PHONE: _____

For Best Service, Please Complete The Following:

PATIENT NAME	M/F	AGE	GUIDE USED	SHADE#
Rx <input type="checkbox"/> Porcelain Fused To Metal <input type="checkbox"/> All Ceramic Restoration <input type="checkbox"/> Polymerglass Restoration <input type="checkbox"/> Gold Restoration <input type="checkbox"/> Other _____			<input type="checkbox"/> Gold () <input type="checkbox"/> Semi-precious <input type="checkbox"/> Non-precious Dies trimmed by Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No	



FURTHER INSTRUCTIONS:

- FINISH** **TRY-IN** **BISQUE BAKE**

Note: Please Send A Study Model On All Work Involving Anterior Teeth.

Signed Dr: _____ Lic. # _____ Return By: _____

White & Yellow Parts To Lab- Pink To Dental Office