



1303 S Shelby St. Louisville, KY 40217
502-635-6778 800-745-6718

Doctor: _____

Address: _____

City/State/Zip: _____

Phone: _____

Patient: _____ Date Sent: _____

Age: _____ Sex: _____ Finish Date: _____

Material Choices

Porcelain to Metal

- | | |
|--|--|
| <input type="checkbox"/> Base | <input type="checkbox"/> Porcelain Butt Margin 180 |
| <input type="checkbox"/> Noble | <input type="checkbox"/> Porcelain Butt Margin 360 |
| <input type="checkbox"/> High Noble | <input type="checkbox"/> Metal Occlusal/Lingual |
| <input type="checkbox"/> Captek (88.5% Gold) | |

Full Metal

- | | |
|--|--|
| <input type="checkbox"/> Full Cast Base | <input type="checkbox"/> Full Cast Noble Yellow |
| <input type="checkbox"/> Full Cast Noble White | <input type="checkbox"/> Full Cast High Noble Yellow |

Metal Free

- E.Max

Pontic Design



Full Ridge

Partial Ridge



No Ridge

Point Contact

No Contact

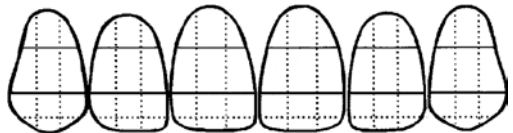
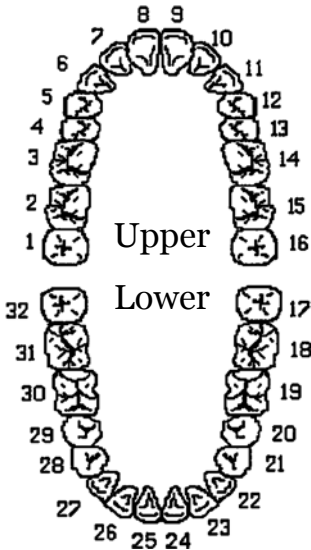
Please Send: Rx Forms Mailing Boxes
 Other _____

Metal Design



Special Instructions

Tooth #: _____ Shade: _____



Dr. Signature _____ Lic. # _____