

Dr. _____ Case # _____

Date & Time Required _____

Acc #			For Lab Use Only				Case #	
M	T	B	2P	C	D	IP	A	P/O
Pan #		P	W	M	P	Metal		

Patient _____ Tooth # _____

Shade _____

Instructions _____

Signature _____ Date _____

- | | | | |
|--|------------------------------------|---|-----------------------------------|
| METAL | OCCCLUSION | MARGIN | PONTIC DESIGN |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Metal | <input type="checkbox"/> Metal Collar | <input type="checkbox"/> Hygenic |
| <input type="checkbox"/> Semi Precious | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Porcelain to Metal | <input type="checkbox"/> Ridgelap |
| <input type="checkbox"/> Base Metal | | <input type="checkbox"/> Porcelain Butt | <input type="checkbox"/> Teardrop |
| | | | <input type="checkbox"/> Saddle |

CROWN DENTAL STUDIO

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