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Dr. _____ Phone _____
 Address _____
 City _____ State _____ Zip _____

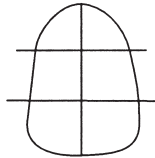
Date Mailed _____ Date Needed _____ Time Needed _____

Patient _____ Age _____
 Male Female Vigorous Medium Soft

TOOTH CHARACTERISTICS

SHADE

STUMP
SHADE



FACIAL CHARACTERISTICS

Basic Face Form

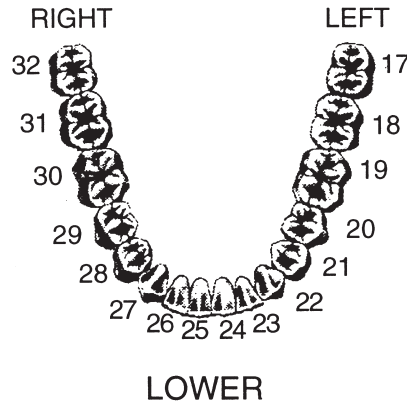
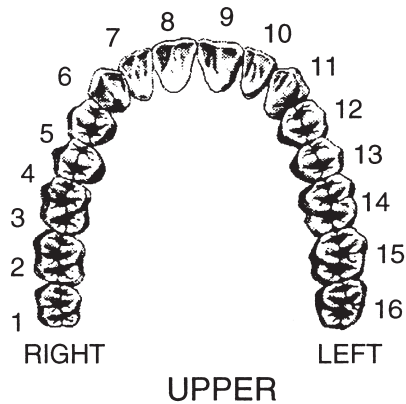
- Square
- Square Tapering
- Tapering
- Ovoid

Facial Asymmetry

- Dominant Right Side
- Dominant Left Side

Finishing Instructions

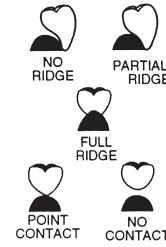
- Metal Try In
- Bisque Bake
- Finished



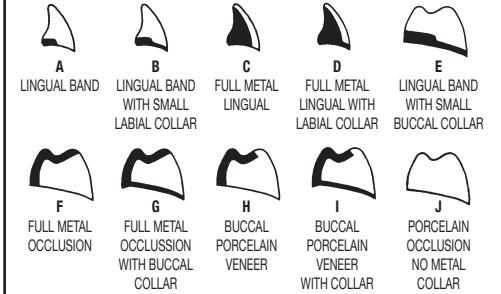
Please send Bags Rx Labels Boxes

- Low Fusing Porcelain to Metal**
 Noble (white)
 High Noble (yellow)
- Porcelain Fused to Metal**
 Semi-Precious
 High Noble (yellow)
 Noble (white)
- Cosmetics/Porcelains**
 LAVA
 Feldspathic
 Cerpress
 Porcelain Shoulder 180°
 Porcelain Shoulder 360°
- Full Cast Crown
 Cast Inlay/Onlay
 Full Cast
 Implant Type: _____

PONTIC DESIGNS
(Please circle)



METAL DESIGNS (Please circle)



Ridge Relief

- None
- Slight
- Medium
- Heavy

Contacts

- Open
- Closed

Occlusal Contact

- Yes
- No
- Light

Occlusal Stain

- Yes
- No
- Heavy
- Light

Translucency

- Low
- Medium
- High

ADDITIONAL INSTRUCTIONS

Signature _____ License # _____

FROM:

NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

BUSINESS REPLY LABEL

FIRST-CLASS MAIL PERMIT NO. 27161 MINNEAPOLIS MN

POSTAGE WILL BE PAID BY ADDRESSEE

LAKE DENTAL STUDIO

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