

sharp dental laboratory, inc.

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for the finest dental craftsmanship

DOCTOR _____ PHONE _____

ADDRESS _____

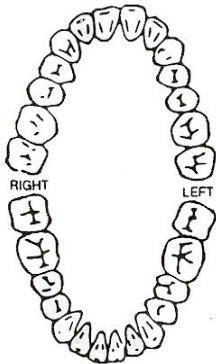
CITY _____ STATE _____ ZIP _____

PATIENT _____ AGE _____ SEX M F

DATE SENT: _____ DATE WANTED: _____ STUDY MODEL PHOTOS

CASE DESIGN

- SET UP FINISH
- BITE BLOCKS



SHADE INSTRUCTIONS

PORCELAIN VENEERS PLEASE

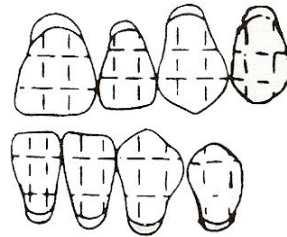
PROVIDE FOLLOWING INFORMATION:

PURPOSE OF RESTORATION

- CHANGE COLOR
- CLOSE SPACES
- CORRECT MALALIGNMENT
- INCREASE LENGTH _____ MM
- OPAQUE LINER YES NO

SHADE OF PREPARED TEETH

SHADE DESIRED: _____



METALS

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

PONTIC DESIGN

- RIDGE RELIEF: SCRAPE
 SOCKET NONE

Rx INSTRUCTIONS

- METAL TRY IN: One Piece BISQUE TRY IN FINISH
 Separate

OCCLUSAL SURFACE: METAL PORCELAIN

BUCCAL MARGINS: PORC METAL BAND PORC. SHOULDER

OPPOSING TEETH TO BE RESTORED: YES NO RELIEVED

GINGIVAL EMBRASURES: CLOSED NORMAL OPEN



HAS THIS CASE BEEN DISINFECTED? YES NO SEND SUPPLIES: LABELS Rx BAGS BOXES

Dentist's Signature _____ License # _____