



CRYSTAL DENTAL LAB

445 Chestnut Blvd. • Cuyahoga Falls, OH 44221
330-920-1940

LAB USE
PAN NO. _____

DR. _____ DATE SENT _____

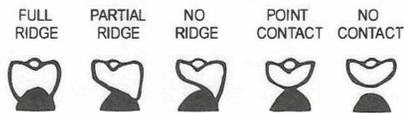
DATE WANTED _____
TIME _____

PATIENT _____ SEX _____ AGE _____

SHADE _____ TRY IN YES NO
 METAL BISQUE

- NO. OF UNITS TYPE OF RESTORATION
- _____ SCREW RETAINED
 - _____ IMPLANT
 - _____ E-MAX CROWN
 - _____ LAYERED ZIRCONIA
 - _____ PEARL BRUXIR CROWN
 - _____ MARYLAND BR.
 - _____ ZIR W/ MIYO
 - _____ ESTHETIC VENEER
 - _____ INLAY / ONLAY

PONTIC DESIGN



METAL GINGIVAL COLLAR

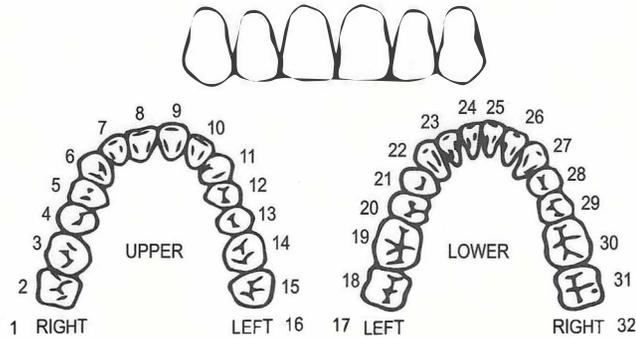
BUCCAL	WIDE	SMALL	NONE
LINGUAL	WIDE	SMALL	NONE

RIDGE RELIEF

NONE	SLIGHT	MED.	HEAVY
OCCLUSAL	<input type="checkbox"/> METAL	<input type="checkbox"/> PORCELAIN	
CONTACT	<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	

STAINING INSTRUCTIONS

INSTRUCTIONS:



PLEASE SEND BOXES RX FORMS

D.D.S. SIGNATURE