



31 Lexington Ave
Gloucester, MA 01930
818.357.7710 (cell)
978.515.2009

FOR LAB USE ONLY

Pan # Finish Ship Date

Dental Office: _____

Dr's Name: _____

Patient Name: _____

Patient Age: _____ Male
 Female

Prep Date: _____ Due Date: _____

Pt. Appt. Date: _____ AM
 PM

Try-In Finish

TOOTH #: _____

SHADE **STAINING**
 None
 Light
 Medium



Stump Shade: _____

Please Email photos to
m31dentalstudio@gmail.com

METAL DESIGN



METAL CROWN/ INLAY/ ONLAY /POST

77% Gold Other: _____
 49% Gold _____

PONTIC DESIGN



IMPLANT

Cement Type
 Screw Retained

PORCELAIN FUSED TO METAL

Yellow High Gold
 White High Gold
 Semi-Precious

System Name: _____
Size: _____

Dr. will order all necessary parts
 Lab will order all necessary parts

VENEER/ CROWN/ INLAY/ ONLAY

Feldspathic/ Refractory
 PFZ
 Lithium Disilicate (MDAO)
 Layered Lithium Disilicate
 Full Contour Zirconia

OPTIONS

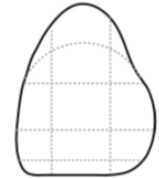
Porcelain Margin
 360° Porcelain Margin

OTHER

Diagnostic Wax Up
 Provisional Restoration

SPECIAL INSTRUCTIONS

Receive Date:
(For Lab Use Only)



If There Is Not Enough Clearance:

Adjust opposing tooth
 Make Metal Occlusal
 Reduction Coping

CUSTOM SHADE
INTERPROXIMAL CONTACTS

Light
 Medium
 Heavy

OCCLUSAL CONTACTS

Out (0.3 mm sub)
 Light
 Contact

SIGNATURE OF DENTIST

DENTIST LICENSE #

CALL ME

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

FOR LAB USE ONLY

Impressions		Individual Models	
Bite Registrations		Memory Stick / Picture / CD	
Opposing Models		Crowns	
Master Models		Articulators ()	
Study Models		Solid Models	

