

Dane Dental Laboratory

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CERTIFIED
DENTAL
LABORATORY



TODAY'S
DATE : _____

**Consistently Accurate Craftsmanship for Your
Orthodontic and Crown and Bridge Patients!!**

SHADE



___ TRY IN ___ FINISH

FROM: Dr. _____ Phone _____

Address _____

License No. and State _____

Patient _____ Age _____ Sex _____

CALL DOCTOR FOR CONSULTATION: YES NO

PFM CHOICES (Circle One)

High Noble or Noble

FULL CAST CHOICES

HN Yellow Noble White

(Circle One)

E.max (lithium disilicate)

Empress

Zirconia

BruxZir (Full Contour ZRO)

ALL CERAMIC CHOICES

PONTIC DESIGN

FULL
RIDGE



PARTIAL
RIDGE



NO
RIDGE



POINT
CONTACT



NO
CONTACT



GING. COLLAR: YES NO

Mesial Distal Lingual Buccal

CONTACTS: OPEN CLOSED

PORCELAIN GLAZING:

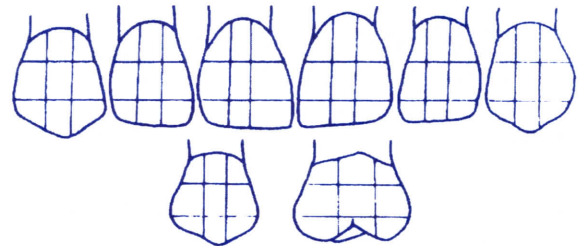
HIGH REG LOW

PLEASE SEND: ___ RX FORMS

___ BOXES

___ MAILING LABELS

INSTRUCTIONS:



DATE TO BE RETURNED

MON.	TUES.	WED.	THURS.	FRI.
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SIGNATURE: _____