

Dane Dental Laboratory

PO Box 8760 • Madison, WI 53791-8401
 (608) 839-8800 • Fax (608) 839-8801

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 _____

INSTRUCTIONS:

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

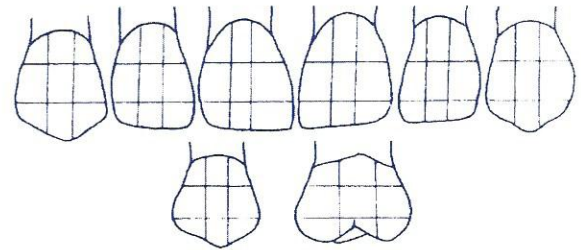
PORCELAIN GLAZING:

HIGH REG LOW

PLEASE SEND: ___ RX FORMS

___ BOXES

___ MAILING LABELS



DATE TO BE RETURNED

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

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Doctor _____

Address _____

Phone _____

Patient Name _____

Age _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE DESCRIBED APPLIANCES)

Doctor Signature _____

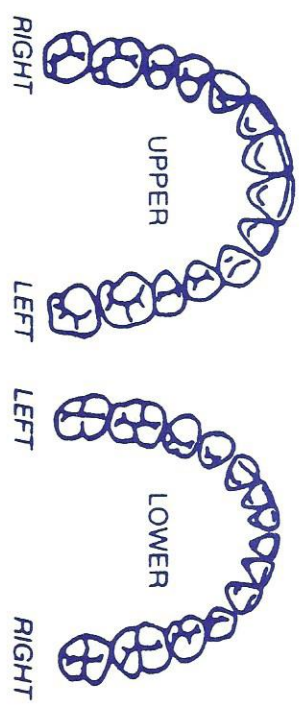
Dental License Number and State _____ Date _____

PLEASE INDICATE ANY PREFERENCE IN WIRE SIZE

Acrylic: Pink, Clear, Other _____

Wire Gauge: _____ Pontic Shade: _____

For Lab Use
Appl. Date/Time



INSTRUCTIONS _____

