



Custom Dental Lab

1516 Kalamazoo Drive • Ste. A-8
Griffin, GA 30224

770-228-5001 • 770-227-5006 Fax

David Cawthon
CDT
CB,CE

Date _____ Case No. _____

Patient _____

Male Female Age _____ Guide Used _____ Shade No. _____

CROWN AND BRIDGE INSTRUCTIONS

FULL CAST CROWN:

(Must check one)

- Yellow Gold Non-Precious
 White Gold Solid Zirconia

PORCELAIN TO:

(Must check one)

- White Gold NOBEL (Semi-Precious)
 Zirconia Non-Precious

PRESS CERAMIC

EMAX

GINGIVAL BAND ON FACIAL

- Yes No PBM

CONTACTS:

- Closed Diastema

OCCLUSAL SURFACE METAL:

- Yes No

PONTIC DESIGN: Full Ridge Part Ridge Sanitary Pontic

OCCLUSAL STAIN:

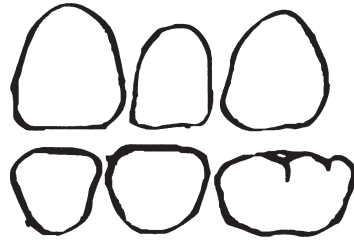
- None Medium
 Slight Heavy

RIDGE RELIEF:

- None Medium
 Slight Heavy

Dies to be trimmed by Doctor Yes No
 Metal Try In Yes No

CUSTOM SHADE



SPECIAL INSTRUCTIONS

Non-Precious Metal will be used if you do not specify the metal you prefer.

Return Date _____

Please send: Prescription Forms Boxes

Other/License Number _____

Dr. _____

Address _____

City _____ State _____ Zip _____

Phone _____

