

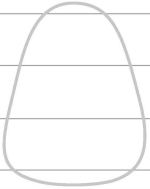
519-653-0378

DOCTOR:	ADDRESS:	PATIENT:
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Lab Use Only:	Next Appointment Date:	Time:
	Lab Use Only:	

Please include study/pre-op models, centric bite. For bigger cases; a model of patient approved temps to use as a blueprint and enough information to ensure a successful result.

Shade:	Veneer Stump Shade:	<input type="checkbox"/> PBM	<input type="checkbox"/> Metal
		<input type="checkbox"/> All Porc	<input type="checkbox"/> Veneer



SIGNATURE \_\_\_\_\_