

Date Sent To Lab

Return By

Lab Use Only



Lab Order  
585-394-4450

Dr: \_\_\_\_\_

Address: \_\_\_\_\_

Patient: \_\_\_\_\_

Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Restoration

- Full Zirconia
- 3/4 Zirconia with porcelain on facial/buccal
- Emax
- PMMA/Temp
- PFM
  - Low Noble
  - High Noble
  - Metal
    - Occlusal
    - 360 Metal Collar
- Full Cast Gold

PLEASE CALL DOCTOR ON CASE

RE: \_\_\_\_\_

Dr. can be reached at ( ) \_\_\_\_\_

Or email \_\_\_\_\_

Shade

  
  
  
  
  
  
  
  
  
  
  
  
  

Stump Shade \_\_\_\_\_

Dr. Signature \_\_\_\_\_

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Terms Net 30