



# CHOICE DENTAL LAB L.P.

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# LAB USE ONLY

DR.

PATIENTS:

( ) FEMALE

( ) MALE

AGE:

DATE SENT:

BEFORE 5 PM#####

LOCATION//PHONE#

### FULL CAST

- ( ) NON-PRECIOUS
- ( ) HIGH NOBLE WHITE
- ( ) YELLOW GOLD

### CERAMIC FUSED/METAL

- ( ) NON-PRECIOUS
- ( ) NOBLE WHITE
- ( ) HIGH NOBLE WHITE
- ( ) HIGH NOBLE YELLOW

### BUTT SHOULDER

- ( ) 180 DEGREE

### METAL FREE

- ( ) FULL ZIRCONIA
- ( ) LAYER ZIRCONIA
- ( ) E-MAX

PAN#

SIGNATURE:

D.D.S. LICENSE #

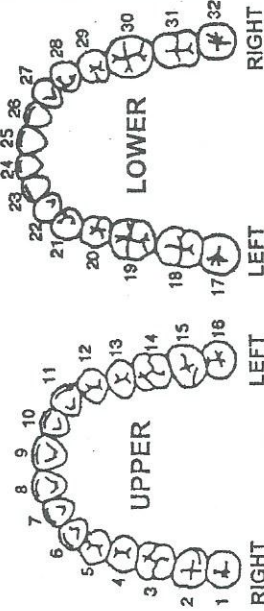
PAN#

TERMS: PAYMENTS ARE DUE 15TH OF EACH MONTH+2%SERVICE CHARGE ON PAST DUE AMOUNT  
COST OF COLLECTION ON ANY ACCOUNT WILL BE PAID BY CUSTOMER

### SHADE GUIDELINE



### PARTIAL DESIGN



### DENTURES

- ( ) UPPER ( ) LOWER
- ( ) CUSTOM TRAY ( ) SET TEETH
- ( ) BITE RIM ( ) PROCESS/FINISH

### METAL PARTIAL

- ( ) UPPER ( ) LOWER
- ( ) FRAME TRYIN ( ) SET TEETH
- ( ) FRAME W/TEETH ( ) PROCESS/FINISH

### FLEXABLE PARTIAL

- ( ) UPPER ( ) LOWER
- ( ) SET TEETH ( ) PROCESS/FINISH

### ACRYLIC/ FLIPPER

- ( ) UPPER ( ) LOWER
- ( ) SET TEETH ( ) PROCESS/FINISH

### NIGHT GUARD

- ( ) COMFORT H/S BITE SPLINT  
hard/soft
- ( ) ASTRON CLEARSPRINT  
adjustable hard bite splint

