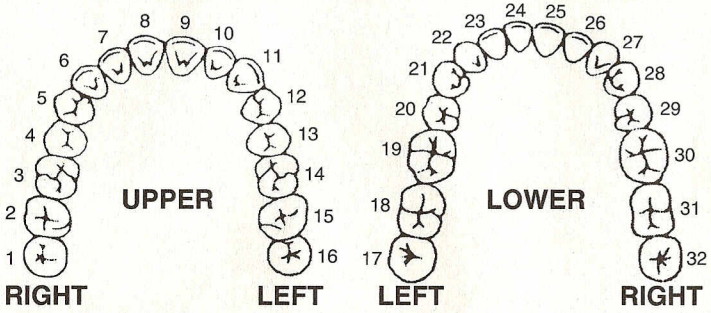
PATIENT NAME _____ ❑ MALE ❑ FEMALE

Try in Due Date _____ Finish Due Date _____ AGE ____



SHADE NO. _____

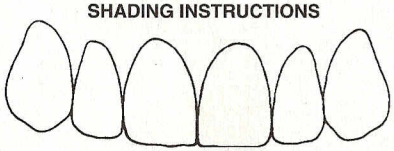
FULL CAST

❑ HIGH NOBLE ❑ NOBLE YELLOW ❑ NOBLE WHITE ❑ PREDOMINANTLY BASE

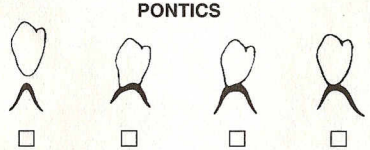
CERAMICS

❑ HIGH NOBLE ❑ NOBLE ❑ PREDOMINANTLY BASE

SHADING INSTRUCTIONS

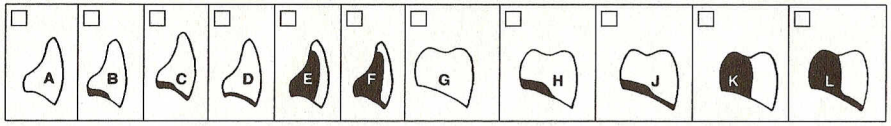


PONTICS



PORCELAIN TO METAL DESIGN

PORCELAIN BUTT MARGIN ❑ YES ❑ NO



CASE # _____ PAN # _____

Stern-Tyler DENTAL LABORATORY
114 Jordan Plaza Blvd., Suite #300
Tyler, Texas 75704
903-597-3198 • 1-800-926-1318

IMPORTANT CHECKLIST

❑ BITE REGISTRATION
❑ OPPOSING MODEL
❑ SHADE

DR. TO TRIM DIE ❑ YES ❑ NO

OPPOSSING TEETH TO BE RESTORED ❑ YES ❑ NO

DENTAL LABORATORY INFECTION CONTROL COUNCIL · CERTIFIED · INFECTION CONTROLLED

Inter-canthus measurement _____ **Alma Guage** _____

Inter-ala measurement _____ **Ant. Mold Selection** _____

Incisal-papilla Measurements

SHADE NO. _____

DATE _____ LICENSE NO. _____

SIGNATURE _____

SEND MORE
❑ RX's
❑ Labels
❑ Boxes

Net amount of invoice is due within 30 days of receipt of order; all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorneys fees and collection costs if this account is referred for collection.

LABORATORY