

**Order Number:**

Date	
Dentist (name & address)	
Patient Mr/Mrs/Ms	
Shade	<input type="checkbox"/> Shade taken in Laboratory
Age	
Material	
<input type="checkbox"/> Pressable Ceramic <input type="checkbox"/> Zirconia  <input type="checkbox"/> Gold <input type="checkbox"/> Palladium <input type="checkbox"/> Non-precious <input type="checkbox"/> Composite	

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		

Inlay / Crown / Chrome / Plastic

Instructions:



Models Spec. tray
Bite
First Try
Second Try
Third Try
Finish
Weight