

Name _____ D.D.S.

Address _____ Phone _____

City _____



Dental Lab, Inc.
SPECIALIZING IN CERAMICS

1973 BRINSTON DR.

TROY, MICHIGAN 48083

248-528-0686

Date _____ Finish Try-in

Patient's Name _____ Age _____
Sex _____

CERAMIC GOLD COLOR	SMALL BAND OF GOLD ON BUC.	FULL RIDGE	PARTIAL RIDGE	POINT CONTACT	NO CONTACT
Yellow <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
White <input type="checkbox"/>					

SHADE OR CHARACTERIZED STAINING _____ FULL COV.



GOLD OCC.

DENTIST SIGNATURE _____ D.D.S.

LICENSE NO. _____

06750