

Laboratory Use

Wt.

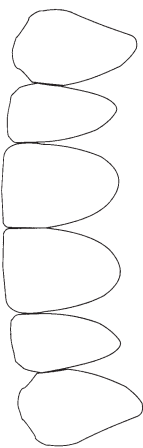
MTL.

PORCELAIN

CAST CROWNS

- EMPRESS / FINESSE
 - PROCERA / LAVA
 - PORC. FUSED TO GOLD
 - PORC. FUSED TO SEMI-PREC.
 - VENEER-EMPRESS ESTHETIC/FINESSE
 - INLAY - ONLAY-EMPRESS ESTHETIC/FINESSE
 - IMPLANT
- 1) BRAND _____
- 2) SIZE _____

Shade Designation



Please send a study model on all work involving anterior teeth.

- | | | | |
|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| CHARACTERIZATION | CHROMA | VALUE | OCCLUSAL STAINING |
| <input type="checkbox"/> DELICATE | <input type="checkbox"/> LOW | <input type="checkbox"/> LOW | <input type="checkbox"/> NONE |
| <input type="checkbox"/> MEDIUM | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> LIGHT |
| <input type="checkbox"/> VIGOROUS | <input type="checkbox"/> HIGH | <input type="checkbox"/> HIGH | <input type="checkbox"/> MEDIUM |
| | | | <input type="checkbox"/> HEAVY |

SIGNATURE _____

LICENSE NO. _____



SOUND DENTAL SERVICE, INC.

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 Everett, Washington 98208
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Work Order No. _____

Doctor _____

Patient _____ M F Age _____

Try-in Yes No Date _____ Time _____

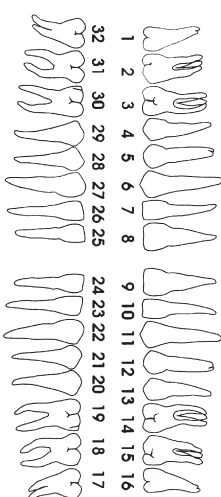
DATE PREPARED _____ METAL TRY-IN BISQUE TRY-IN

DATE DUE _____

Will opposing teeth be restored Yes No # _____



INSTRUCTIONS



- | | |
|-------------------------------------|--|
| METALS | OCCLUSION |
| <input type="checkbox"/> HIGH NOBLE | <input type="checkbox"/> LIGHT 0.3 mm SUB |
| <input type="checkbox"/> NOBLE | <input type="checkbox"/> MEDIUM 0.1 mm SUB |
| | <input type="checkbox"/> HEAVY - Touching opposing |

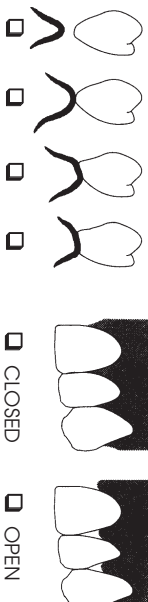
METAL DESIGN



FACIAL MARGIN DESIGN



PONTICS



GINGIVAL EMBRASURES

EDENTULOUS RIDGE SCRAPE CAST

- NONE
- LIGHT 0.2 mm
- MEDIUM 0.5 mm
- HEAVY (Extraction) _____ mm

OCCLUSAL TABLE BUCCAL-LINGUAL WIDTH

- NORMAL-Natural
- NARROW-3/4 width