

## 18401 Burbank Blvd. Ste. # 111 Tarzana, CA 91356 (818) 757-0224

Fax (818) 600-8577

LAB USE ONLY			
PAN#	IN	OUT	

Office Name:	Date:	INCISAL EMBRASURE □ Round □ Square
Dr. Name:		CERVICAL EMBRASURE ☐ Open ☐ Closed
		OCCLUSAL STAIN □ None □ Light □ Heavy SURFACE ANATOMY □ Smooth □ Text. □ Match ext
Assistant Name:		0 - 0 - 0
Address:		Crown Shade Prep Shade
City: State: Zip:		
City State Zip		
Phone:		☐ Porcelain Margin ☐ Metal Margin ☐ INCISAL LEVEL ☐ Translucen
		☐ Metal Occlusal ☐ Metal Lingual ☐ ☐ Light
PLEASE RETURN WHITE COPY TO DNT DENTAL LAB		L % ☐ Regular
Patient Name:		INSTRUCTIONS:
SEX: M F AGE: FILE#:		
DUE DATE		
MON TUE WED THUR FRI		
DUE DATE MUST BE 1 DAY PRIOR TO PATIENT'S APPT. DATE		
TYPE OF RESTORATION	MATERIAL TO BE USED	
☐ PFM	☐ NON PRECIOUS	
☐ VENEER	☐ SEMI PRECIOUS	
☐ ZIRCONIA WITH PORCELAIN	☐ WHITE GOLD	
☐ FULL ZIRCONA CROWN	☐ YELLOW GOLD	
☐ INLAY / ONLAY	☐ TITANIUM	_
☐ IMPLANT CROWN	☐ ZIRCONIA	
☐ CUSTOM ABUTMENT	☐ LAVA ZIRCONIA	Imp.Time:
☐ VERIFICATION JIG	☐ IPS E-MAX	
☐ CAST POST & CORE	☐ CERAMAGE	
☐ DIAGNOSTIC WAX-UP	COMPOSITE	1 A 5 0 12 3 30 0 19 19
☐ TEMPORARY CROWN	☐ RADICA AESTHETIC	3 2 320 0 20
☐ NIGHT GUARD —	☐ PINK GUM TISSUE	2 3 15 28 27 22 22
☐ WAX BITE	☐ OTHER	Dr. Signature X  Lic.#