

WILLIAMS DENTAL LAB, INC.

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"Aesthetic and Functional Dentistry"

DOCTOR _____

PATIENT _____

PICK UP DATE / /

DELIVERY DATE / /

BY 5:00 P.M.

OCCLUSAL SURFACE: METAL PORCELAIN

BUCCAL MARGINS: FEATHER MARGIN METAL BAND PORC. BUTT SHOULDER

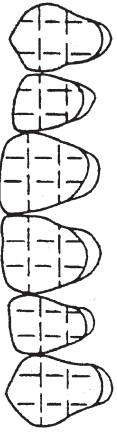
OPPOSING TEETH TO BE RESTORED: YES NO RELIEVED

GINGIVAL EMBRASURES: CLOSED NORMAL OPEN

SHADE INSTRUCTIONS

OCCLUSAL STAINING: NONE LIGHT MEDIUM HEAVY

SURFACE TEXTURE: SMOOTH MODERATE HEAVY



METAL TRY IN: BISQUE TRY IN FINISH

Rx INSTRUCTIONS

TYPE OF RESTORATION

- DX WX UP
- FIXED ORTHOTIC
- REMOVABLE ORTHOTIC
- EMAX
- EMPRESS
- FELDSPA THIC
- ZIRC
- DIGITAL
- CRISTOBAL/BELLE/SINFONY
- PORCELAIN TO METAL
- CAST CROWN
- IMPLANT

TITANIUM

HIGH NOBLE- PRECIOUS

NOBLE SEMI- PRECIOUS

PONTIC DESIGN

- RIDGE RELIEF: SCRAPE
- SOCKET NONE
- SADDLE TIP SAIL-TABY BULLETT
- FULL RIDGE PARTIAL RIDGE OTHER DRAW

CONTACT

POINT NORMAL HEAVY & BROAD



PORCELAIN VENEERS PLEASE PROVIDE FOLLOWING INFO:

PURPOSE OF VENEER:

- CHANGE COLOR
- CLOSE SPACES
- CORRECT MALALIGNMENT
- INCREASE LENGTH _____ MM

SHADE OF PREPS/STUMP:

SHADE DESIRED: _____

PORCELAIN JACKETS:

OPAQUE LINER YES NO

DISINFECT EVERY CASE

Dentist's Signature: _____ License #: _____