



CRAWFORD DENTAL LABORATORY

2445 State Road 584, Unit F
Palm Harbor, FL 34683
Telephone: (727) 784-0039

LIC. # 0002225

CASE NO. _____

DATE SENT _____

DR. _____ DATE DUE _____

PATIENT _____ AGE: _____ SEX Male Female

PLEASE INDICATE TEETH TO BE RESTORED		PONTIC DESIGN	
R	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	L	<input type="checkbox"/> FULL RIDGE <input type="checkbox"/> PARTIAL RIDGE <input type="checkbox"/> SANITARY <input type="checkbox"/> BULLET
<input type="checkbox"/> METAL TRY-IN <input type="checkbox"/> PORC TO NON-PRECIOUS <input type="checkbox"/> FULL METAL/NON-PRECIOUS <input type="checkbox"/> PORC TO SEMI-PRECIOUS <input type="checkbox"/> FULL METAL/SEMI-PRECIOUS <input type="checkbox"/> PORC TO GOLD <input type="checkbox"/> FULL METAL/GOLD <input type="checkbox"/> PORC VENEER		ANTERIORS	
POSTERIORS		MAXILLARY CUSPIDS	
<input type="checkbox"/> METAL COPING ALL PORCELAIN COVERAGE <input type="checkbox"/> METAL OCCLUSAL EXCLUDING BUCCAL CUSP <input type="checkbox"/> METAL OCCLUSAL INCLUDING BUCCAL CUSP	<input type="checkbox"/> METAL COPING <input type="checkbox"/> METAL COPING WITH MARGIN ALL AROUND <input type="checkbox"/> METAL COPING WITH MARGIN AND COLLAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SHADE INSTRUCTIONS



SHADE NUMBER _____

SPECIFIC INSTRUCTIONS

DENTIST'S SIGNATURE _____ LICENSE NO. _____

ENCLOSED ARTICULATOR SHADE GUIDE OTHER _____

SEND SUPPLIES LABELS BOXES RX

RETAIN LAST COPY FOR YOUR RECORDS