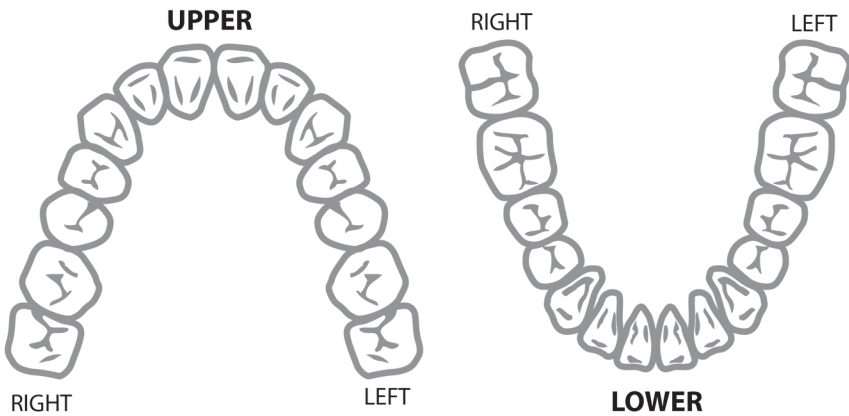


Dr. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_

Date Wanted \_\_\_\_\_ Time \_\_\_\_\_



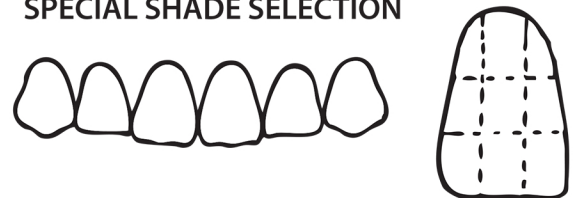
**OFFICE USE ONLY**

Rec'd \_\_\_\_\_ Packed \_\_\_\_\_

Prep \_\_\_\_\_ Q/C \_\_\_\_\_

Precious <input type="checkbox"/>	Semi-Precious <input type="checkbox"/>	Non-Precious <input type="checkbox"/>		
Centric Contact <input type="checkbox"/>	Foil Relief <input type="checkbox"/>	Positive Contact <input type="checkbox"/>	Cusp Fossa <input type="checkbox"/>	
Lateral Excursion <input type="checkbox"/>	Cuspid Guidance <input type="checkbox"/>	Group Function <input type="checkbox"/>		
Margin Adaptation <input type="checkbox"/>	Exactly To Finish Line <input type="checkbox"/>	Slight Overextension <input type="checkbox"/>		
Labial Margin <input type="checkbox"/>	Fine Gold Collar <input type="checkbox"/>	Porcelain Butt Margin <input type="checkbox"/>	Porcelain To Margin <input type="checkbox"/>	
Pontic Design	Harmony <input type="checkbox"/>	Cone <input type="checkbox"/>	Hygenic <input type="checkbox"/>	
	Ridgelap <input type="checkbox"/>			
	Contact (Embrasures)	Broad <input type="checkbox"/>	Normal <input type="checkbox"/>	Point <input type="checkbox"/>

**SPECIAL SHADE SELECTION**



**INSTRUCTIONS** Please use reverse if necessary

Signature \_\_\_\_\_