

[Case No. _____]

[Lab Note]

Dental Art Solution

DENTAL LAB, INC.
dentalartsolution@gmail.com

Check here if additional instructions is added in blue area.

Additional Instructions

Dr. PLEASE PRINT Phone _____ Pick Up Date _____

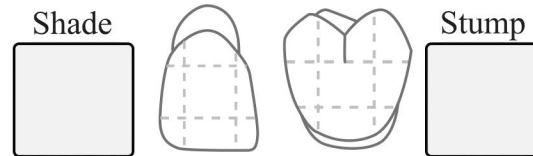
Patient _____ Sex _____ Age _____

Due Date _____ []AM / []PM *1~3unit : 7 working days, 4+unit : 10 working days Please*

Tooth Number

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

Shade Info



Included with case

- Impression
- Opposing Model
- Study Model
- Bite Registration
- Articulator
- Shade Tab
- Picture
- Other _____

Restoration

- Full Zirconia
- Layered Zirconia
- Full e-Max
- Layered e-Max
- Empress
- Composite Resin
- Full Cast
- Implant
- Custom Abutment
- Diagnostic Wax-up
- Other _____

Type

- Crown
- Veneers
- Inlay & Onlay
- Bridge
- Splint

Metal Choice

- Yellow High Noble*
- Captek
- High Noble*
- Yellow Gold
- White Gold
- Noble*
- High Palladium
- Non-Precious*
- Non-Precious

Contact

- Light
- Medium
- Heavy

Occlusal Contact

- Light
- Medium
- Heavy

Metal Design



If No Occlusal Clearance

- Metal Occlusal
- Reduce Prep. (Reduction coping)
- Spot Opposing
- Call for information

Pontic Design



Dr. Signature _____

License No. _____

Excellence in Cosmetic, Restorative and Implant Dental Service