☐ RETURN FOR DITCHING

☐ MALE ☐ FEMALE

AGE _____

PATIENT NAME: _____

DATE: _____ DELIVER BY 5 P.M. ON: _____

SHADE _____ MOLD _____

PORCELAIN LAMINATES

SHADE OF
PREPARATION: _____ DESIRED SHADE: _____

PARTIAL: ☐ METAL ☐ ACRYLIC ☐ VALPLAST
☐ TRY-IN ☐ FINISH ☐ BISQUE BAKE

SHADING INSTRUCTIONS

OCCLUSAL STAINING

☐ NONE ☐ LIGHT ☐ MEDIUM ☐ DARK

PONTICS DESIGN

A	B	C	D	E
FULL RIDGE	PARTIAL RIDGE	NO RIDGE	POINT CONTACT	NO CONTACT
☐	☐	☐	☐	☐

POSTERIOR DESIGN

☐ **STANDARD DESIGN**
COPING WITH FULL PORCELAIN COVERAGE

☐ METAL COPING WITH PORCELAIN COVERAGE*
STANDARD LINGUAL

☐ METAL OCCLUSAL EXCLUDING BUCCAL CUSP

BUCCAL MARGIN OPTIONS

☐ **PORCELAIN TO MARGIN**

☐ _____ **METAL COLLAR**

☐ **PORCELAIN BUTT MARGIN (90° SHOULDER REQ.)**

IF NO OCCLUSAL CLEARANCE

☐ METAL OCCLUSION
☐ REDUCTION COPING
☐ TRIM OPPOSING

WOULD YOU LIKE THIS TO BE A PERMANENT NOTE?
☐ YES ☐ NO

SEE REVERSE SIDE FOR CREDIT AND REMAKE POLICY

DO YOU NEED DODD: ☐ BOXES ☐ PRESCRIPTIONS ☐ LABELS

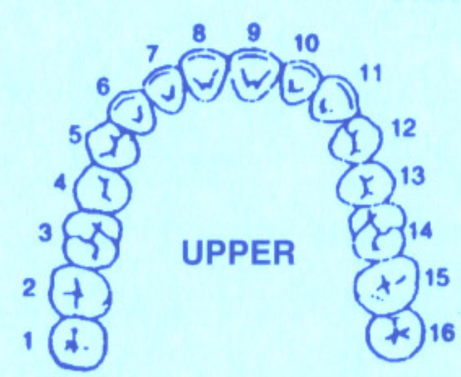
THIS SIGNATURE EVIDENCES A CONTRACT FOR THE SALE AND DELIVERY OF THE SPECIALLY MANUFACTURED GOODS MENTIONED HEREIN AND IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS STATED ON THE REVERSE SIDE OF THIS WORK AUTHORIZATION.

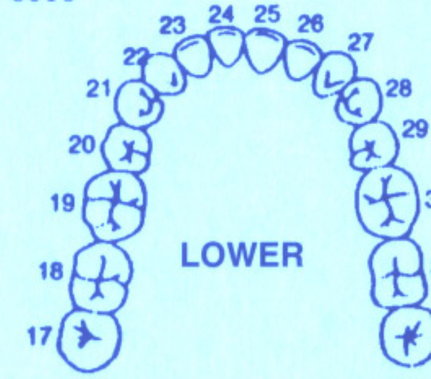
31620

SIGNATURE OF DENTIST LICENSE NO. RX NO.

PRESCRIPTION

DODD DENTAL LABORATORIES
24 LUKENS DRIVE
P.O. BOX 1005
NEW CASTLE, DELAWARE 19720-7005
(302) 661-6000 • (800) 441-9005
FAX (302) 661-6016





TOOTH # _____

	LAB USE ONLY