



The Phoenix Dental Laboratory

6505 218th St. SW. #1, Mountlake Terrace, WA 98043

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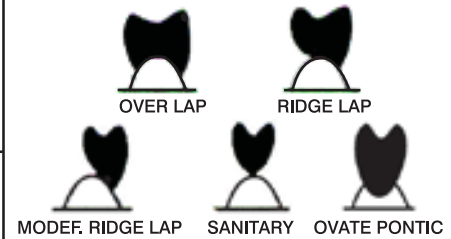
Date Sent: _____

Dr.: _____ Date Due: _____ Time: _____

Patient: _____ Age: _____ Sex: Male Female

- Implant
- Full Gold 50% 75%
- Full Metal (Semi or Non)
- All Ceramic / Veneer (Empress, Emax, Zirconia)
- Porc To Non-Precious
- Porc To Semi-Precious
- Porc To Gold 40% 88%

PONTIC DESIGN



METAL DESIGN

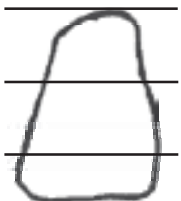
- All Porcelain Coverage
- Metal Occlusal Excluding Buccal Cusp
- Metal Occlusal Including Buccal Cusp
- Lingual Metal Band
- Lingual Metal Band All Around

ANTERIORES



Shade Instructions

- Enclosed



Shade _____

ENCLOSED

- BITE
- IMPRESSION
- OPPOSING
- STUDY MODEL

OCCLUSAL CONTACT:

- NORMAL
- LIGHT
- HEAVY

ADJACENT CONTACT:

- NORMAL
- LIGHT
- TIGHT
- BROAD

Specific Instructions

Doctor's Signature: _____ Lic. Number _____

