



# The Phoenix Dental Laboratory

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Date Sent: \_\_\_\_\_

Dr.: \_\_\_\_\_

Date Due: \_\_\_\_\_

Time: \_\_\_\_\_

Patient: \_\_\_\_\_

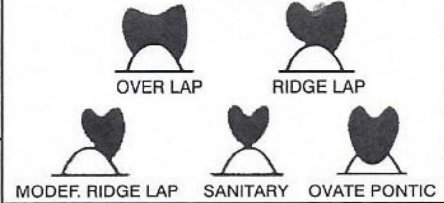
Age: \_\_\_\_\_

Male

Female

- Implant
- Full Gold
- Full Metal (Semi or Non)
- All Ceramic / Veneer (Full Zirconia ML, Emax)
- Porc To Non-Precious
- Porc To Semi-Precious
- Porc To Gold
- 40%
- 62%
- 40%
- 88%

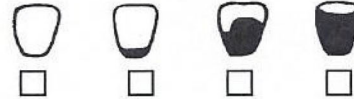
### PONTIC DESIGN



### 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



### ENCLOSED

- BITE
- IMPRESSION
- OPPOSING
- STUDY MODEL
- IMPLANT ANALOG

### OCCLUSAL CONTACT:

- NORMAL
- LIGHT
- HEAVY

### IF NO OCCLUSAL CLEARANCE

- CALL
- REDUCTION COPING
- SPOT OPPOSING

Shade

### Specific Instructions

Doctor's Signature: \_\_\_\_\_

Lic. Number \_\_\_\_\_

