



OVCIN DENTAL LABORATORY

771 Buschmann Rd. Ste. C
Paradise, CA 95969
(530) 877-6769

Michael Vrbeta, Dental Tech.

www.OvcinDentalLab.com

Dr. _____ Date _____

Address _____

City _____ State _____ Zip _____

Pt. Name or ID# _____ Due Date _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION)



	ANTERIOR		POSTERIOR	
UPPER	SHADE	MOULD	SHADE	MOULD
LOWER	SHADE	MOULD	SHADE	MOULD

BASIC FACE FORM

- SQUARE SQUARE TAPERING
 TAPERING OVOID

FACIAL ASSEMBLY

- DOMINANT RIGHT SIDE
 DOMINANT LEFT SIDE

AGE

- AGE _____
 MALE FEMALE
 VIGOROUS SOFT

INSTRUCTIONS

DENTIST LICENSE NUMBER _____ DATE _____

X _____ Phone () - _____
PERSONAL SIGNATURE OF DENTIST

