Dental Techniques

Your Local Crown and Bridge Lab 7710 Balboa Ave. Suite 213C San Diego, CA 92111 619-878-4462 - Monday – Thursday - 8am – 5pm

Dentist License no._____

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Doctor	Date	RX Specific Instructions
Practice Name		Please provide any photos, study models, and diagnostic cast with case. Email photos to info@SDtechniques.com
Address		cast with case. Linai photos to intoesteerinques.com
Phone		
Patient Name	□M□ F Age	
Due Date	12 Business Days	
_	ss days (M-F) from the date it was lays for Implants and multiple units.	
Case In	nstructions	
Restoration		
☐ Crown ☐ Veneer ☐ Ir	mplant Diagnostic Wax up	
\square Bridge \square Inlay/Onlay		
PFM	If Insufficient Room	
□ Noble	☐ Trim Opposing	
☐ White High Noble	☐ Metal Occlusal ☐ Metal Island	
Full Cast Metal	☐ Reduction Coping	
☐ Yellow Noble☐ Yellow High Noble	-Resin	
☐ White Noble	Pontic Design	
Metal - Free	Q Q Q Q	
☐ High Strength Zirconia	^ ^ ^ ^ ^	
☐ Translucent Zirconia		
☐ IPS e.max Press		·
Characterization		
Tooth Shade	++++++++++++++++++++++++++++++++++++	
Tooth Shade		
Stump Shade		
Dentist Signature**		**The person signing this form is an authorized signer and along with the

^{**}The person signing this form is an authorized signer and along with the dental practice accepts responsibility for payment of all related charges as well as any legal cost, collection and other fees incurred in the event of the account is sent to collections or litigation.