HIGHLAND
DENTAL LAB

5318 Westhall Ave.
Louisville, KY 40214

(502) 451-2205
Toll Free: **888-308-6684**
HighlandDentalLabKy@gmail.com
www.higlanddentallab.net

Ky. Lab Reg. #0175

DATE: _____

PATIENT'S NAME: _____

℞

- ☐ Zir-Star High Translucency
- ☐ Zir-Lux High Strength
- ☐ E-Max
- ☐ Layered Zirconia
- ☐ Implant Package
- ☐ High Noble - FGC
- ☐ Comfort H/S Bite Splint
- ☐ Flexible RPD
- ☐ Metal RPD

FOR ADDITIONAL INSTRUCTIONS, USE BACK

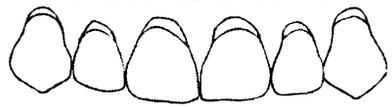
SHADE	GINGIVAL
	INCISAL

Age_____ Sex _____

FINISH

DAY HOUR AM PM

SPECIAL SHADE INSTRUCTIONS



ITEMS RECIEVED

Impressions		Articulator	
Opposing		Face Bow & Jig	
Bite Index		Study Model	
Implant Parts		Other	

_____ DR. SIGNATURE

_____ LICENSE NO.

_____ DR. ADDRESS

_____ PHONE NO.

DENTAL WORK AUTHORIZATION

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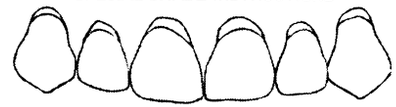

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