

Auraria Dental Lab
7970 Sheridan Blvd #200a
Westminster, CO 80003



Main: 303-892-0359
Text: 720-515-7607
AurariaDentalLab@Yahoo.com

For Lab Use Only

INVOICE #:

PAN #:

Rx Date: _____

Doctor Name: _____ License Number: _____ Due Date/Time: _____

Practice Name: _____ Phone: _____

Address: _____

Patient: _____

Age: _____

☐ Male

☐ Female

MATERIAL CHOICES

Shade: _____

☐ Crown ☐ Bridge

Katana Zirconia:

Full Contour Crown

Full Contour Bridge

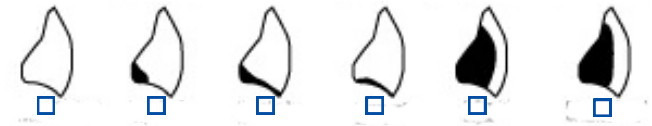
Implants

Mold & Shade:

Try-In Date:

Finish Date:

METAL DESIGN

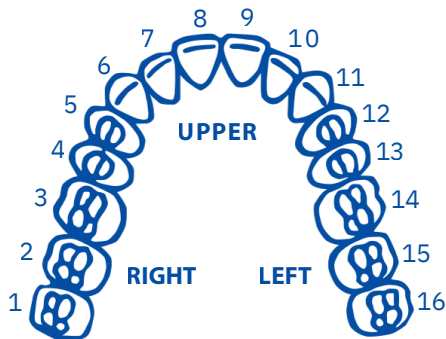


PONTIC DESIGN



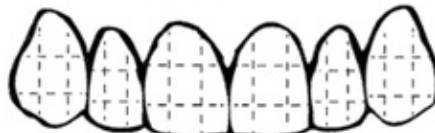
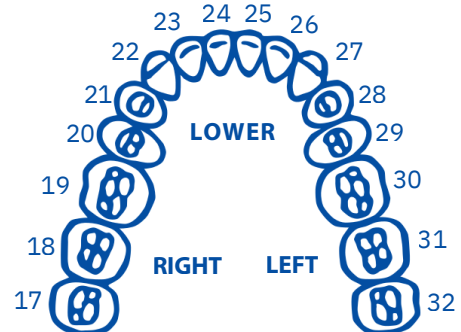
Occlusal Tight: OK to Trim? ☐ Yes ☐ No

Ridge Relief: ☐ None ☐ Slight ☐ Medium ☐ Heavy



Tooth #:

Rx
INSTRUCTIONS:



AURARIA DENTAL LAB USE ONLY

In-Lab Received
By & Time

Final Inspector
Date/Time