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 #:**

## Send Digital Scans to:
## UniDentArtLab@Gmail.com
## 720-427-7183

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

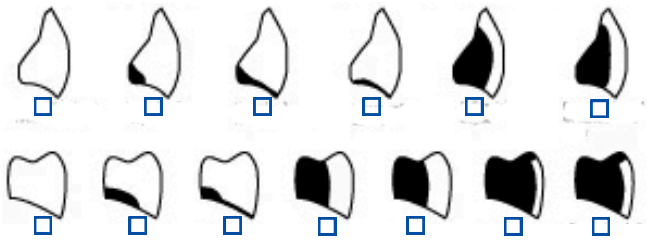
**Implants**

**Mold & Shade:** _____

**Try-In Date:** _____

**Finish Date:** _____

### *METAL DESIGN*

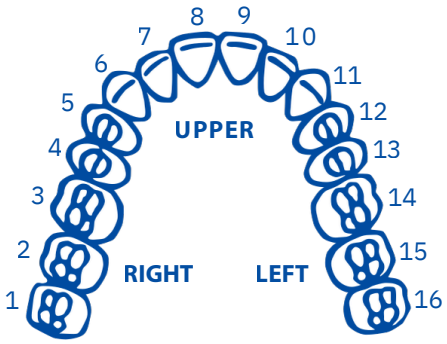


### *PONTIC DESIGN*

☐ Full Ridge ☐ Partial Ridge ☐ No Ridge ☐ Point Contact ☐ No Contact

**Occlusal Tight: OK to Trim?** ☐ Yes ☐ No

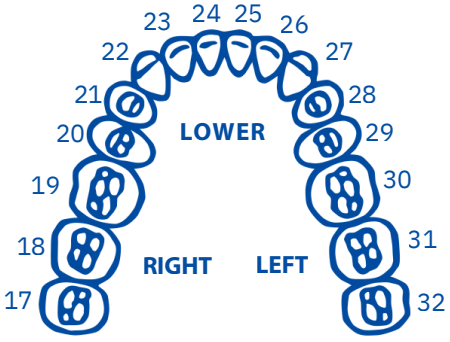
**Ridge Relief:** ☐ None ☐ Slight ☐ Medium ☐ Heavy

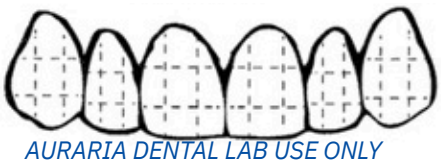



**Tooth #:** _____

℞

*INSTRUCTIONS:*



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In-Lab Received
By & Time

Final Inspector
Date/Time