

Sakr Dental Arts

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DL11835

Rx DATE _____ DELIVER BY _____

DOCTOR'S NAME _____ PHONE NBR _____

DOCTOR'S ADDRESS _____

PATIENT NAME (FIRST/LAST) _____

Shade

Gin: _____
Bod: _____
Inc: _____



Final Shade _____

Stump Shade _____

Instructions

Occlusal Staining

None Light Medium Heavy

Porcelain Margin

No Porcelain Margin Labial Butt 360 Degree Butt

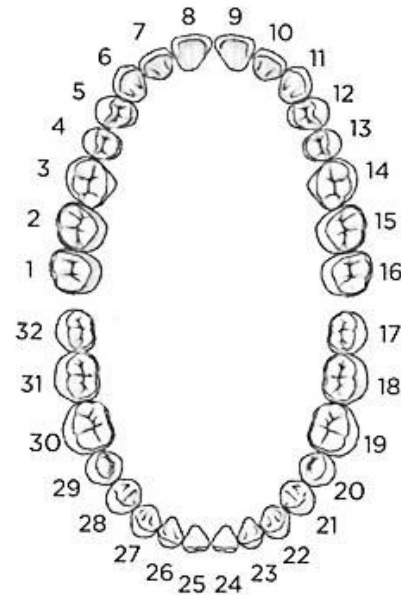
Metal/Zirconia Design



Pontic Design



Sanitary Bullet Partial Ridge Full Ridge Ovate



Incoming Check List

- | | |
|--|--|
| <input type="checkbox"/> Impression/Master | <input type="checkbox"/> Study Models |
| <input type="checkbox"/> Opposing | <input type="checkbox"/> Face Bow |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Articulator |
| <input type="checkbox"/> Pictures | <input type="checkbox"/> Implant Impression Coping |
| <input type="checkbox"/> SD Card | <input type="checkbox"/> Implant Analog |
| <input type="checkbox"/> CD | <input type="checkbox"/> Implant Abutments |
| <input type="checkbox"/> Old Crown/Bridge | <input type="checkbox"/> Diagnostic Waxup |
| <input type="checkbox"/> Old Denture/Partial | <input type="checkbox"/> Other _____ |

Signature _____ License Number _____