



# Walker Dental Laboratory, Inc.

P.O. Box 2237  
Decatur, Alabama 35602  
Phone: 256-355-4604  
1-800-727-0705

DATE SENT \_\_\_\_\_  
DUE DATE \_\_\_\_\_

DOCTOR \_\_\_\_\_ LICENSE # \_\_\_\_\_ PATIENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SEX: M/F \_\_\_\_\_ SHADE \_\_\_\_\_  
PHONE \_\_\_\_\_ AGE \_\_\_\_\_

<b>TEETH</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>NUMBERS</b>	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**ALL METAL**  
 40% AU HN     55% AU HN     75% AU HN  
 SEMI-PREC     NON-PREC

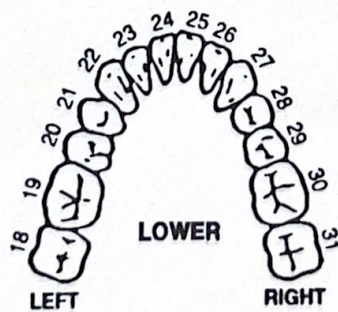
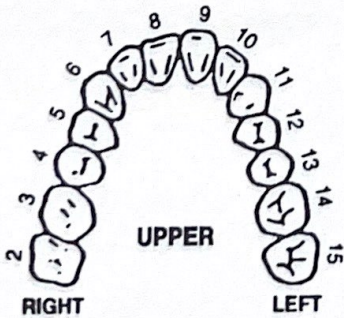
PORCELAIN TO  
 WHITE HIGH NOBLE     YELLOW HIGH NOBLE  
 NOBLE     NON-PREC ADA

**PONTIC DESIGN:**

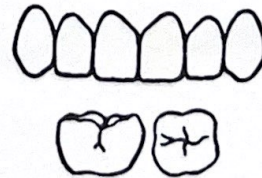
**BUCCAL MARGIN**

 PORCELAIN BUTT  
 SHOW NO METAL  
 HAIRLINE  
 .5 mm  
 1 mm  
 2 mm

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### SHADE CHARACTERIZATION



**OCCL. STAIN:**  
 NONE  
 LIGHT  
 MEDIUM  
 DARK

SIGNATURE \_\_\_\_\_

LAB

Expenses incurred in the process of collecting unpaid balances will be charged to the customer.