

Myron's West

Dental Laboratories

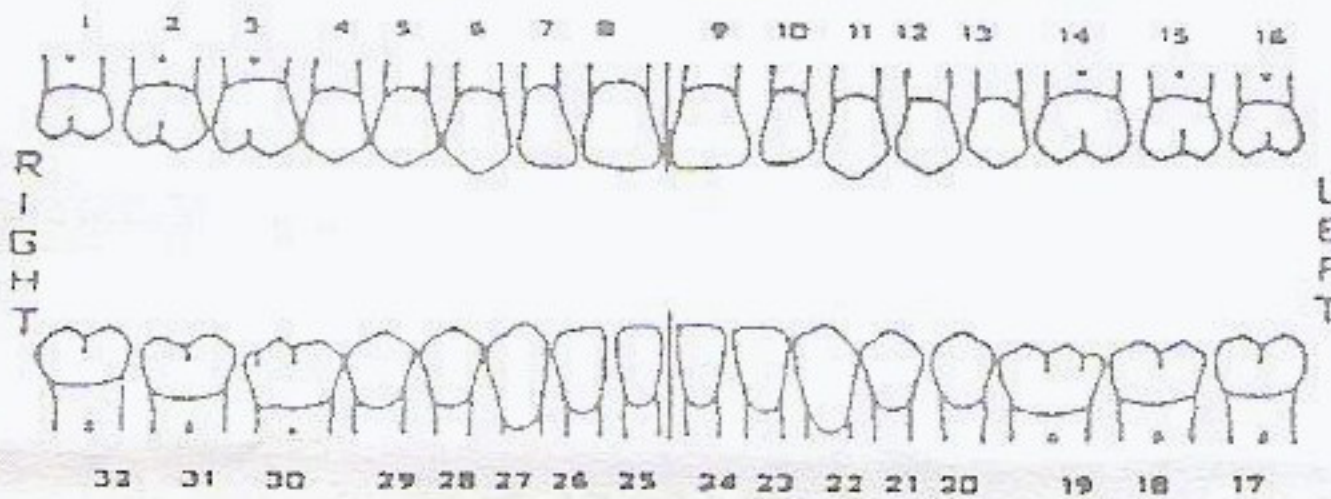
Perfection & Reliability

Date: _____

Return Date: _____ PM
AM

Dr: _____ Phone: _____

Patient: _____ Age: _____ M F



TYPE OF RESTORATION

-  FORTRESS™
- Laminate Veneer
- Full Crown
- inlay onlay
- Porcelain Fused to Metal
- Full Gold
- Porcelain Facial Margin
- 360° Porcelain Margin
- Implant Parts provided:

PATIENT INFORMATION

Existing Shade of Prepared Teeth: _____

Desired Shade: _____

Cervical _____ Body _____ Inc _____

Character

- Youth
- Adult
- Mature

Texture

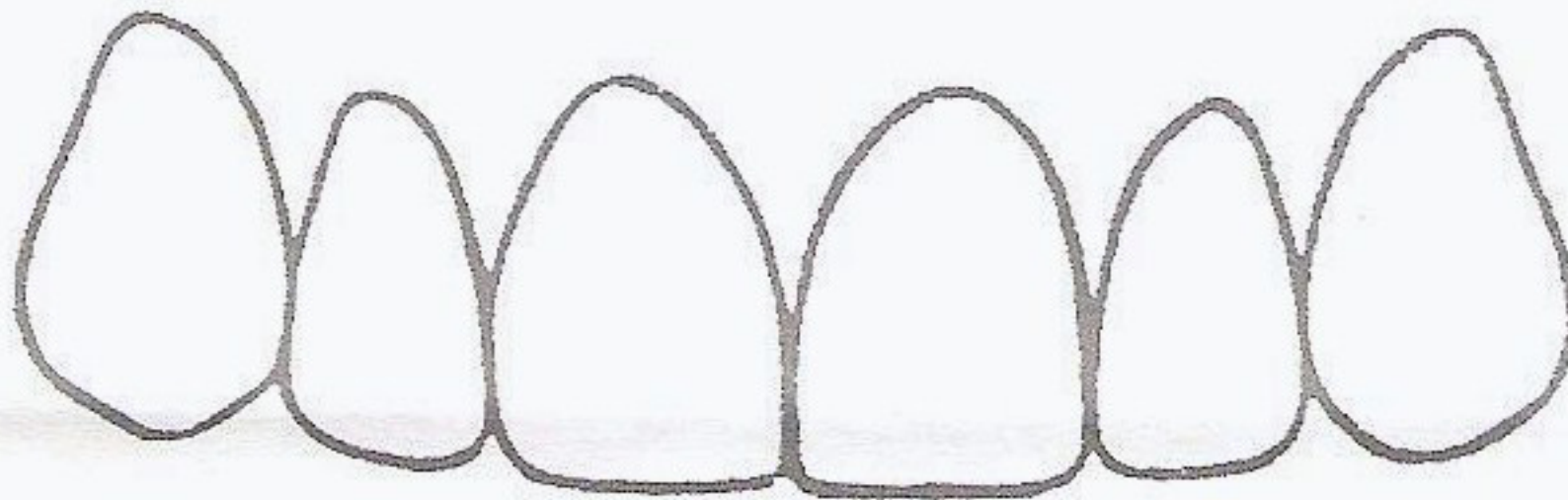
- Well Defined
- Moderate
- Smooth

Lava Zirconia

Procera

Alloy Type

- White High Noble Yellow High Noble



INSTRUCTIONS _____

Please call to consult for this patient

Best Time _____

Please Send RX's Label's Transport Materials

Dr. Signature: _____ License # _____