ASSURED DENTAL LAB

Featuring SpectroShade

728 N. Prospect, Suite 109 - Rockford, IL 61107-3155
815.964.5940 assureddentallab@aol.com
assureddentallabinc.com

Doctor _____

Address _____

Patient _____

DUE DATE

SHADE

SpectroShade
☐ YES ☐ NO

TOOTH NUMBERS

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

PRODUCT SELECTION	TYPE OF METAL
☐ PORCELAIN TO METAL	☐ PFM SEMI PRECIOUS
☐ GOLD CROWN	☐ PFM HIGH NOBLE
☐ IMPLANT CROWN	☐ FULL CAST 20%
☐ METAL FREE: "Procera", "Lava"	☐ FULL CAST 50%
☐ BRIDGE	☐ FULL CAST 75%
☐ EMAX, "Bruxer"	☐ OTHER
☐ FULL CONTOUR ZIRCONIA	

ADDITIONAL COMMENTS:

IMPLANT DATA		
TOOTH #	IMPLANT TYPE	PLATFORM DIAMETER
XCE or NTN #		

CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION

PERSONAL SIGNATURE OF DENTIST _____ DDS

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