

# _____	<b>LAB USE ONLY</b>	BUD : Metal Try In _____ Bisque Try In _____
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DR. \_\_\_\_\_ PT. \_\_\_\_\_ Age \_\_\_\_\_ M/F

Today's Date \_\_\_\_\_ Due Date \_\_\_\_\_ by 5:00pm

Please Check	Porcelains	C&B Alloys
<input type="checkbox"/> Pfm <input type="checkbox"/> Full Cast <input type="checkbox"/> E-max on Lava <input type="checkbox"/> E-max press <input type="checkbox"/> E-max layered veneers <input type="checkbox"/> Inlay/onlay	<input type="checkbox"/> design (Fluorapatite) <input type="checkbox"/> In Line (Leucite) <input type="checkbox"/> E-max (Nano Flor.)	<input type="checkbox"/> 77% (JRVT) <input type="checkbox"/> 59.5% (MAXI)
<b>Porc. Alloys</b>		
	<input type="checkbox"/> High nobel (yellow) 88% <input type="checkbox"/> High nobel (white) 76%	<input type="checkbox"/> Reduced Gold 51.5% <input type="checkbox"/> Reduced Gold 40% <input type="checkbox"/> Nobel

Instructions:	Occlusion	Margins
	<input type="checkbox"/> Porc Occlusal <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Porc Lingual <input type="checkbox"/> Metal Lingual	<input type="checkbox"/> Porc. To metal margin <input type="checkbox"/> Porc. Shoulder margin <input type="checkbox"/> Metal Lingual band <input type="checkbox"/> Metal Margin
<b>SHADE:</b> _____	<b>LAB/OFFICE</b> _____	

Signature \_\_\_\_\_

License Number \_\_\_\_\_

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