







WHATCOM

DENTAL LAB
DLAB.FS.61242367

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| | | |
|--|---|-------------------------------------|
| Date: _____ | | |
| Patient's Name: _____ | | |
| Dr. Name/Signature: _____ Lic. No. _____ | | |
| Due Date: _____ |  LAB USE ONLY | |
| Hour: _____ | | |
| Shade: <input type="checkbox"/> Custom | | |
| Photos <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Pontic Design: <input type="checkbox"/> [circle one]  | Metal Design (PFM): <input type="checkbox"/> L  <input type="checkbox"/> B [trace] | |
| <input type="checkbox"/> relieve prep if necessary | <input type="checkbox"/> relieve opposing if necessary | <input type="checkbox"/> contact me |
| R | | |
|  | | |

PLEASE FOLD OVER
OR CUT OFF
THIS SIDE OF THE PAPER

NO NOTES
IN THIS SPACE,
THEY WILL NOT BE SEEN.