SENTRY DENTAL
LABORATORY
1818 E. Southern Ave., Suite 1B
Mesa, AZ 85204
Phone: (480) 610-1800
Fax: (480) 396-6094
www.SentryDentalLab.com

DUE DATE _____ BY _____

RX DATE _____

DR. NAME _____

ADDRESS _____

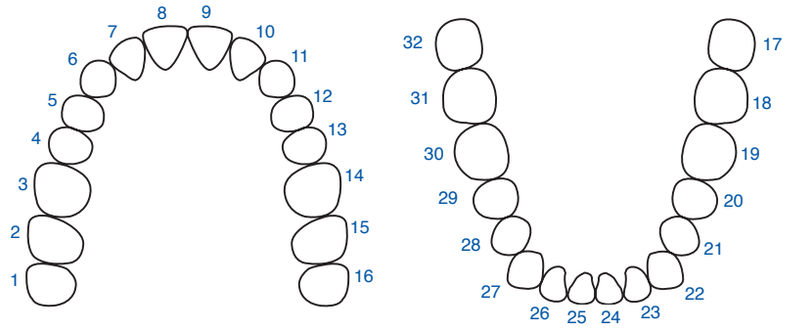
CITY, STATE, ZIP _____

DR. PHONE NUMBER _____

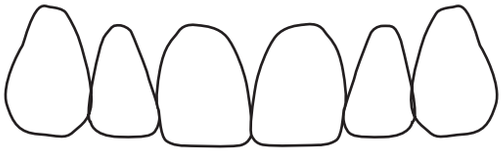
PATIENT NAME _____

SEX ◯ M ◯ F AGE

Tooth Numbers To Be Restored



Shade _____ Stump _____



Translucency	◯ Heavy	◯ Medium	◯ Minimum	◯ None
Lobing	◯ Yes	◯ No		
Surface Texture	◯ Heavy	◯ Medium	◯ Light	
Occlusion Stain	◯ Heavy	◯ Medium	◯ Light	Stain Color _____
Hypo-Calcification	◯ Heavy	◯ Medium	◯ Light	

CROWN & BRIDGE METALS

- ◯ Yellow High Noble
- ◯ White High Noble
- ◯ Semi-Precious
- ◯ White Noble
- ◯ Base Metal

NON METAL RESTORATION

- ◯ IPS Empress Esthetic
- ◯ IPS E.max
- ◯ FC Zirconia
- ◯ FC Anterior Zirconia
- ◯ Zirconia Framework

FACIAL MARGIN DESIGN

- ◯ Porcelain Shoulder
- ◯ Show no metal 360
- ◯ Metal Lingual Margin
- ◯ Metal Margin 360

Occlusion Clearance	◯ In Occlusion	◯ Out of Occlusion	
Mold Of Crown	◯ Ideal	◯ Follow Study Model	◯ Match Existing
If Insufficient Room	◯ Reduce Prep	◯ Reduce Opposing	

RETURN FOR

◯ Die Trim ◯ Evaluation ◯ Wax Check ◯ Metal Try-In ◯ Bisque Bake

PLEASE SEND

◯ RX Forms ◯ Boxes

BITE REGISTRATION SENT

◯ Yes ◯ No

INSTRUCTIONS:

◯ Call DR

SIGNATURE OF DENTIST DENTIST LICENSE #

THE PERSON SIGNING THIS AUTHORIZATION ACCEPTS SOLE RESPONSIBILITY FOR FULL PAYMENT, ALL LEGAL FEES AND COLLECTION COSTS.

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