



PRECISION DENTAL CERAMICS INC.

Digital Dental Laboratory

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CASE NO. _____ INCOMING DATE _____

DR. _____ TRY-IN DATE _____

(PATIENT) _____ FINISH DATE _____ AM PM

- Veneers, Onlay, Inlay
- E-Max
- Zirconia
- Implant
- Screw Retain
- Hybrid Bridge
- Custom Abutment
- PFM
- Gold Crown

SPECIFIC INSTRUCTIONS

Rx

SHADE INSTRUCTIONS

- | | | | | | |
|------------------------------|------------------------------|--------------------------------|--------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> 0M1 | <input type="checkbox"/> 3M1 | <input type="checkbox"/> 2L1.5 | <input type="checkbox"/> 2R1.5 | <input type="checkbox"/> A1 | <input type="checkbox"/> C1 |
| <input type="checkbox"/> 0M2 | <input type="checkbox"/> 3M2 | <input type="checkbox"/> 2L2.5 | <input type="checkbox"/> 2R2.5 | <input type="checkbox"/> A2 | <input type="checkbox"/> C2 |
| <input type="checkbox"/> 0M3 | <input type="checkbox"/> 3M3 | <input type="checkbox"/> 3L1.5 | <input type="checkbox"/> 3R1.5 | <input type="checkbox"/> A3 | <input type="checkbox"/> C3 |
| <input type="checkbox"/> 1M1 | <input type="checkbox"/> 4M1 | <input type="checkbox"/> 3L2.5 | <input type="checkbox"/> 3R2.5 | <input type="checkbox"/> A3.5 | <input type="checkbox"/> C4 |
| <input type="checkbox"/> 1M2 | <input type="checkbox"/> 4M2 | <input type="checkbox"/> 4L1.5 | <input type="checkbox"/> 4R1.5 | <input type="checkbox"/> A4 | <input type="checkbox"/> D2 |
| <input type="checkbox"/> 2M1 | <input type="checkbox"/> 4M3 | <input type="checkbox"/> 4L2.5 | <input type="checkbox"/> 4R2.5 | <input type="checkbox"/> B1 | <input type="checkbox"/> D3 |
| <input type="checkbox"/> 2M2 | <input type="checkbox"/> 5M1 | | | <input type="checkbox"/> B2 | <input type="checkbox"/> D4 |
| <input type="checkbox"/> 2M3 | <input type="checkbox"/> 5M2 | | | <input type="checkbox"/> B3 | |
| | <input type="checkbox"/> 5M3 | | | <input type="checkbox"/> B4 | |

OCCLUSAL STAINING



APPROXIMATE AGE _____

NOTE: PLEASE SEND A STUDY MODEL ON ALL WORK INVOLVING ANTERIOR TEETH.

DENTISTS LICENSE NO. _____

SIGNATURE _____

D.D.S.

FOR LAB USE ONLY	
MATERIAL	QUANTITY

Payment for this service will be made 10 days from statement date. If account becomes past due, a service of 1^{1/2} % per month (18% annual rate) will be paid on balance over 30 days past due at which time, unless arrangements are made, account will be C.O.D.