

**PLEASE CALL LAB  
FOR SHIP DATE**

**CASE NUMBER**

## Precision Dental Arts

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email: precision2020@sbcglobal.net

Doctor \_\_\_\_\_ Prep Date \_\_\_\_\_

Patient \_\_\_\_\_ Lab Ship Date \_\_\_\_\_

METAL TYPE	CERAMICS	MARGINS
<input type="checkbox"/> High Noble White	<input type="checkbox"/> PFM	<input type="checkbox"/> Metal margins # _____
<input type="checkbox"/> High Noble Yellow	<input type="checkbox"/> eMax	<input type="checkbox"/> Porcelain margins # _____
<input type="checkbox"/> Semi Precious	<input type="checkbox"/> Empress	<input type="checkbox"/> Porc. metal margins # _____
<input type="checkbox"/> Non Precious	<input type="checkbox"/> Lava Zirconia	

### METAL DESIGN TRY IN

**Anteriors**

**Posteriors**

Metal try in

  Lingual Band

  Porcelain Occlusal

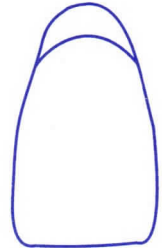
Bisque try in

  Metal Lingual

  3/4 Metal Occlusal

  Full Metal Occlusal

Lab Call Doctor's Office



**SHADE** \_\_\_\_\_

**TOOTH #** \_\_\_\_\_

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SIGNATURE

LICENSE