

CHAMPLAIN DENTAL LABORATORY

60 Timber Lane, So. Burlington, VT 05403 (802) 863-3556 800-498-7200

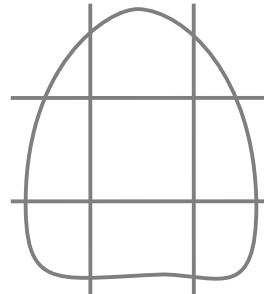
Dr.: _____ Date: ____/____/____

Pt. Name: _____ Pt. Scheduled: ____/____/____

Sex: M F Age: _____ TRY-IN _____ FINISH _____

<p><u>PORCELAIN CROWNS</u></p> <p><input type="checkbox"/> Semi Precious Noble (white) <input type="checkbox"/> 44% High Noble (white) <input type="checkbox"/> 86% High Noble (yellow)</p> <p><u>FACIAL MARGINS</u></p> <p><input type="checkbox"/> 3-Point <input type="checkbox"/> Minimal <input type="checkbox"/> .2-.3 mm <input type="checkbox"/> Porcelain Shoulder <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Full Coverage <input type="checkbox"/> Metal Occlusion</p> <p>SHADE: _____</p>	<p><u>FULL GOLD CROWNS</u></p> <p><input type="checkbox"/> 50% Noble (yellow) <input type="checkbox"/> 62% High Noble (yellow) <input type="checkbox"/> 82% Holistic</p> <p><u>ALL-CERAMIC RESTORATIONS</u></p> <p><input type="checkbox"/> Empress <input type="checkbox"/> Lava</p> <p><input type="checkbox"/> Temporaries</p> <p><u>REMINDERS</u></p> <p><input type="checkbox"/> Study Model <input type="checkbox"/> Bite <input type="checkbox"/> Stumpf Shade</p>
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INSTRUCTIONS:



Dentist's Signature _____	Please Send:
	_____ Labels
	_____ Rx Pads
License No. _____	_____ Boxes