



Lost Mountain

DENTAL LABORATORY, INC.

1685 Mars Hill Road, Suite 102
Acworth, Georgia 30101

770-514-8808

Kent Hubbard, CDT

Patient or Case No. _____	Make of Teeth _____	Shade _____
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PORCELAIN FUSED TO METAL *complete*

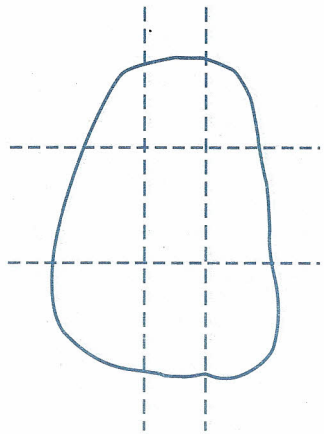
<input type="checkbox"/> Alloy Supplied _____	<input type="checkbox"/> Noble
<input type="checkbox"/> Base Metal	<input type="checkbox"/> High Noble

Date Due _____

FULL CAST

<input type="checkbox"/> Alloy Supplied _____	<input type="checkbox"/> 40% Yellow Gold
<input type="checkbox"/> White Noble	<input type="checkbox"/> 60% Yellow Gold

SHADE DESCRIPTION



ALL-CERAMIC *Crown & Bridge*

LAVA *Crown & Bridge*

OPTIONS

PONTIC DESIGN:

<input type="checkbox"/> Full Ridge	<input type="checkbox"/> Part Ridge
<input type="checkbox"/> Sanitary Pontic	<input type="checkbox"/> Ovate

CONTACTS: Closed Diastema

IF NO OCCLUSAL CLEARANCE:

<input type="checkbox"/> Metal Occlusal
<input type="checkbox"/> Remove from Opposing
<input type="checkbox"/> Reduction Coping
<input type="checkbox"/> Metal Island

BUCCAL MARGIN DESIGN:

<input type="checkbox"/> Metal Band or _____mm on Buccal
<input type="checkbox"/> Porcelain to Metal on Buccal
<input type="checkbox"/> Porcelain Butt Margin (90° Shoulder req.)

OCCLUSAL STAINING:

<input type="checkbox"/> No Stain	<input type="checkbox"/> Pits & Fissures
<input type="checkbox"/> Pits	<input type="checkbox"/> Pits, Fissures & Grooves

OCCLUSAL SURFACE DESIGN:

<input type="checkbox"/> Metal Occlusal Excluding Buccal Cusp
<input type="checkbox"/> Metal Occlusal Including Buccal Cusp
<input type="checkbox"/> Metal Island at Occlusal Contact

PINK PORCELAIN:

<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark
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SPECIAL INSTRUCTIONS

PAYMENT

<input type="checkbox"/> Check Enclosed	Check# _____	AMOUNT \$ _____
<input type="checkbox"/> Card on file		
<input type="checkbox"/> New Credit Card	Card# _____	EXP _____
Signature _____		

Signed Dr. _____ Date _____

Address _____

City _____ State _____