





## Myron's Dental Lab

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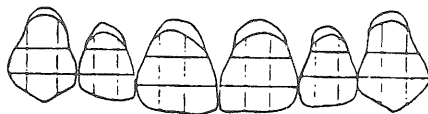
MIRAGE     FORTRESS     VENEER     EMAX     ZIRCONIA     PFM

DATE ORDERED	DATE NEEDED	<b>TO INSURE PROMPT DELIVERY OF CASE, PLEASE FILL THIS FORM OUT COMPLETELY.</b>	
DOCTORS NAME		DOCTORS ADDRESS	
DOCTORS PHONE NUMBER		CITY	STATE      ZIP
LICENSE NUMBER		PATIENT'S NAME	AGE _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F

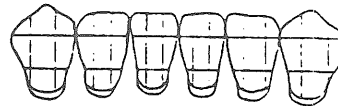
AFTER PREPPED      DESIRED <b>SHADE</b> _____ INCISAL _____ CERVICAL _____	TYPE OF METAL _____ DO YOU WANT US TO MATCH OPPOSITE SIDE OF ARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO CHECK BOX IF YOU WANT US TO PHONE. <b>CALL DOCTOR</b> <input type="checkbox"/>	TYPE OF MARGINS:    	PONTIC DESIGN. <input type="checkbox"/>  F <input type="checkbox"/>  F <input type="checkbox"/>  F <input type="checkbox"/>  F
OTHER: TYPE OF OCCLUSION CUSP /FOSSA <input type="checkbox"/> CUSP /EMBRASURE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		OPPOSING ARCH FOILED YES <input type="checkbox"/> NO <input type="checkbox"/>	
ANATOMY <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		OCCLUSAL STAIN YES <input type="checkbox"/> NO <input type="checkbox"/>	
SURFACE GLAZE <input type="checkbox"/> DULL <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH		SURFACE TEXTURE <input type="checkbox"/> SMOOTH <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	
TOOTH SHAPE <input type="checkbox"/> SQUARE <input type="checkbox"/> ROUND <input type="checkbox"/> TAPERED <input type="checkbox"/> OVOID			

CHARACTERIZATIONS AND NOTATIONS (IF NEEDED)

### SPECIAL SHADE INSTRUCTIONS



UPPER



LOWER

INSTRUCTIONS AND COMMENTS

DOCTOR'S SIGNATURE: \_\_\_\_\_