



979 Willagillespie Road  
Eugene, OR 97401  
541-343-4067

Date: \_\_\_\_\_

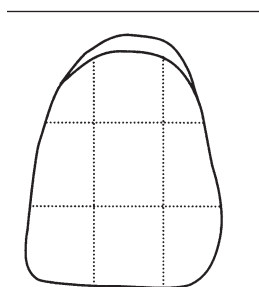
Dr. \_\_\_\_\_

DELIVER BY	
DATE	12 PM
	5 PM

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

<b>E.MAX</b> <input type="checkbox"/> Veneer <input type="checkbox"/> Crown/Bridge <b>CEREC INLAB</b> <input type="checkbox"/> Porc Fused to Zirconia <input type="checkbox"/> All Zirconia Crown <b>RADICA TEMPORARY</b> <input type="checkbox"/> Crown/Bridge <b>IMPLANT SERVICES</b> <input type="checkbox"/> Custom Abutment <input type="checkbox"/> Surgical Stent	<b>PORCELAIN TO METAL</b> <input type="checkbox"/> High Noble (Yellow) <input type="checkbox"/> High Noble (White) <input type="checkbox"/> Noble (White) <input type="checkbox"/> Porc Margin <b>ALL METAL</b> <input type="checkbox"/> High Noble (Yellow) <input type="checkbox"/> Noble (White) <input type="checkbox"/> Noble (Yellow) <input type="checkbox"/> Type II (Yellow)	<b>PONTIC DESIGN</b> <input type="checkbox"/> FULL RIDGE <input type="checkbox"/> PARTIAL RIDGE <input type="checkbox"/> SANITARY <input type="checkbox"/> BULLET <b>ANTERIOURS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>MAXILLARY CUSPIDS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>POSTERIOURS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>SHADE</b>

Specific Instructions: \_\_\_\_\_



Return for Trim \  Return for Mount \ Stump Shade: \_\_\_\_\_

*(Please Include Pre-Op Models For All Anterior Cases)*

**FOR LAB USE ONLY**

Case Notes: \_\_\_\_\_

Dr. Signature \_\_\_\_\_ Lic # \_\_\_\_\_