

FOR LAB USE ONLY PAN #		T e c h Dental Studio Inc. 22511 Aspan St. Ste C Lake Forest, CA 92630 Tel: 949-916-3068 Fax: 949-297-4785	SPECIAL INSTRUCTIONS IF THERE IS NOT ENOUGH CLEARANCE [] Adjust opposing tooth [] Reduction Coping INTERPROXIMAL CONTACT [] Light [] Medium [] Heavy OCCLUSAL CONTACT [] Out of Occlusion [] Light [] Contact		Receive Date (For Lab Use Only)																								
DENTAL OFFICE: DOCTOR'S NAME:		PATIENT NAME: [] Male [] Female Age:																											
PREP DATE: [] Try-in DUE DATE: [] Finish		APPT DATE: TIME:																											
TOOTH #:		SHADE Stump Shade: () ☐ CUSTOM SHADE Please email photos to: info@vtechdental.com STAINING [] None [] Light [] Medium																											
PORCELAIN FUSED TO METAL [] High Noble [] Noble VENEER/CROWN/INLAY/ONLAY [] Zirconia (Layered) [] Zirconia (Staining) [] E.max Press (Layered) [] E.max Press (Staining) [] Feldspathic [] Gold Crown		METAL DESIGN PONTIC DESIGN mm.																											
OTHER [] Diagnostic Wax Up [] Provisional Restoration [] Metal Post		OPTIONS [] Porcelain Margin		SIGNATURE OF DENTIST DENTIST LICENSE #																									
IMPLANT [] Cement Type [] Screw Type (UCLA) [] Crown w/ access hole Custom Abutment: Titanium [] Zirconia [] [Lab Cement Y / N] System: () Size: () [] Dr. will order all necessary parts [] Lab will order all necessary parts		FOR LAB USE ONLY <table><tr><td>Impressions</td><td></td><td>Individual Models</td><td></td><td>Bite Registrations</td><td></td></tr><tr><td>Crowns</td><td></td><td>Opposing Models</td><td></td><td>Memory Stick/Picture/CD</td><td></td></tr><tr><td>Master Models</td><td></td><td>Articulators</td><td></td><td>Study Models</td><td></td></tr><tr><td>Solid Models</td><td></td><td>Copings/Analog</td><td></td><td>Abutments</td><td></td></tr></table> www.vtechdental.com				Impressions		Individual Models		Bite Registrations		Crowns		Opposing Models		Memory Stick/Picture/CD		Master Models		Articulators		Study Models		Solid Models		Copings/Analog		Abutments	
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