



lumident.net

(866) 586-4336

(317) 802-7878

5658 W. 73rd Street

Indianapolis, IN 46278

Dr _____
FIRST LAST

Street: _____

City: _____ State: _____ Zip: _____

Phone _____

Patient _____ MALE FEMALE

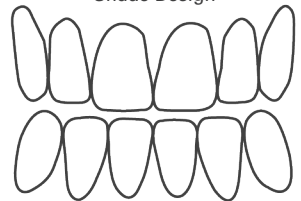
Due Date: _____ by 5:00pm

<input type="checkbox"/> FULL CAST <input type="checkbox"/> Premium High Noble <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> Noble (yellow) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious	<input type="checkbox"/> PORCELAIN TO METAL <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> High Noble (white) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious <input type="checkbox"/> Porcelain Butt Margin	<input type="checkbox"/> METAL FREE <input type="checkbox"/> E.max <input type="checkbox"/> Full Contour Zirconia <input type="checkbox"/> Full Contour Zirconia with a cutback <input type="checkbox"/> Layered Zirconia				
PONTIC DESIGN _____ <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		If no occlusal clearance <input type="checkbox"/> Metal Occlusion/Stop <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing				
METAL MARGIN DESIGN _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">Anterior</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%;">Posterior</div> </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px; vertical-align: top;">Tooth #</td> <td style="width: 50%; height: 40px; vertical-align: top;">Shade</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Shade Guide</td> </tr> </table>	Tooth #	Shade	Shade Guide	
Tooth #	Shade					
Shade Guide						

Please Call

NOTES

Shade Design



SIGNATURE: _____ **LICENSE #** _____